



**DECLARATION OF QUALIFIED PERSON CERTIFYING  
THE AUTHENTICITY OF DOMESTIC BUSINESS RECORDS**

I, Matthew Freeburg, the below-signed declarant, am employed by (Headquarters and Headquarters Company, 2d Brigade Combat Team, 10th Mountain Division (Light), Fort Drum, NY 13602) as Company Commander and in this position I am a qualified person authorized to declare and certify the attached documents in accordance with Military Rules of Evidence 803(6) and 902(11). This declaration is made in conjunction with (Headquarters and Headquarters Company, 2d Brigade Combat Team, 10th Mountain Division (Light) response to the request issued by SFC Monica Carlile, in the matter of United States v. PFC Bradley E. Manning.

As an authorized records custodian for (Headquarters and Headquarters Company, 2d Brigade Combat Team, 10th Mountain Division (Light), I certify that the following attached records are true and accurate copies of the originals:

The original unit Soldier Management Individual File (SMIF) of PFC Bradley E. Manning, (b) (6), (b) (7) consisting of 144 pages.

The attached documents were made at or near the time of the occurrence of the events set forth by, or from information transmitted by, a person with knowledge of the events recorded. These records were kept in the course of the regularly conducted business activity of (Headquarters and Headquarters Company, 2d Brigade Combat Team, 10th Mountain Division (Light) and were created and maintained in the regular course of business by (Headquarters and Headquarters Company, 2d Brigade Combat Team, 10th Mountain Division (Light) as a regular practice.

I declare under penalty of perjury and pursuant to 28 U.S.C. § 1746 that the foregoing information is true and correct. Executed as of the date below.

Matthew W. Freeburg  
(Signature)

Matthew W. Freeburg  
(Printed Name)

24 APR 11

(Date)

**CERTIFICATE OF AUTHENTICITY OF DOMESTIC BUSINESS RECORDS**

I, CPT Matthew Freeburg attest that I am employed by HHC/2BCT, 10MTN DIV (LI), Fort Drum, NY, 13602, and that my official title is Company Commander. I am a custodian of records for HHC/2BCT, Fort Drum, NY, 13602. I certify that the attached records are the originals or true and accurate copies of the originals. I am the custodian of the attached records consisting of \_\_\_\_\_ pages. I have provided the following:

The original unit Soldier Management Individual File (SMIF) of PFC Bradley E. Manning, (b) (b) (6),

Furthermore, the attached documents were made by, or from, information transmitted by a person with knowledge of the events recorded, were made at or near the time of the events recorded. We create and maintain these documents in the regular course of business as a regular practice.

This certification is intended to satisfy Military Rule of Evidence 902(11).

*Mat W. Freeburg*

(Signature)

Matthew Freeburg

(Printed Name)

19 January 2011

(Date)

*Bldg 10112, 4th Armored Div Rd.  
Ft Drum, NY 13602*

(Address)

(b) (6), (b) (7)(C)

(Phone)

**STATEMENT FOR ENLISTMENT  
UNITED STATES ARMY ENLISTMENT PROGRAM**  
For use of this form, see AR 601-210: the proponent agency is ODCSPER  
(For instructions using this form see USAREC Reg 601-96)

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, United States Code. Section 275 Executive Order 9397.

**PRINCIPAL PURPOSE:** Basic form used to record contractual obligations to enlistees. Guarantees and annexes enlistment contract.

**ROUTINE USES:** This form becomes a part of the Enlisted Master File and Field Personnel File. All uses of this form are internal to the United States Army.

**DISCLOSURE:** Disclosure of the Social Security Number: (SSN) and other personal information is voluntary. However failure to provide the required information may result in denial of enlistment or reenlistment.

1. ACKNOWLEDGMENT: In connection with my enlistment in the Regular Army. I hereby acknowledge that:

a. I am enlisting for the following program (s):

<u>PROGRAM</u>	<u>TITLE</u>	<u>REQUEST OPTION</u>
9A	United States ARMY Training Enlistment Program(UNCM)	03
9C	United States ARMY Incentive Enlistment Program(US ARMY CASH BONUS, 4 YR ENL, US ARMY SEASONAL BONUS (HIGH PRIORITY SEAT), I-III A)	174, 270

b. My enlistment for this program assures me that, provided I meet required prerequisites, I will receive training in the following Military Occupational Specialty (MOS) or Career Management Field (CMF)

**MOS:** 35F Intelligence Analyst

**Skill Level:** 1

**SQI:** O NO SPECIAL QUALIFICATIONS

**ASI:** 00 DEFAULT CODE

**Language:** YY NONE

c. I understand that the assignment location for which I have enlisted is subject to change if either my spouse or dependent child (ren) are enrolled in the Exceptional Family Member Program (EFMP) for medical reasons, meaning that one or more of my family members require medical treatment that may not be available at all military medical treatment facilities (MTF). I further understand that if my original assignment option is changed due to that installation's MTF not being able to provide the proper care for my family member(s), I will be assigned to another installation where proper medical care is available, based on the Army's need for a Soldier of my military occupational specialty and rank at that installation. I understand that if I have not enlisted for a guaranteed assignment and either my spouse or dependent child(ren) are enrolled in the EFMP, my

USMEPCOM SERVICE LIAISON VERIFICATION PACKET

REGULAR ARMY/RIGHT SIDE

(For use of this form, see USMEPCOM Reg 601-23)

FOR OFFICIAL USE ONLY

Page 1 of 2 Pages

SUB-PACKET NUMBER

DOCUMENTS

	1	2
DA Form 3286-series (Statement for Enlistment) and similar statements (DD Form 4 annex) (note 2) (GCR Dynamic Annex)	cy	O
DA Form 4789 (Statement of Entitlement to Selective Reenlistment Bonus)	O	cy
USAREC Form 1127 (Statement of Enlistment (or Appointment) Army Policy)	O	cy
USAREC Form 1037 (Probation Officer and/or Court Records Check)	cy	NA
DA Form 3283-R (Statement of Member Removal from Temporary Disability Retired List)(DD Form 4 Annex)(note 2)**	cy	O
REQUEST printout	O	NA
USAREC Form 1232 (Loan Repayment Counseling)	cy	O
Request for Waiver (note 2)**	cy	O
USAREC Form 1104 (Enlist Eligibility Questionnaire)(note 2)	O/cy	cy
DA Form 2-1 (Personnel Qualification Record)(note 2)**	cy	NA
DA Form 2A (Personnel Qualification Record(computer printout)(note 2)**	cy	NA
DA Form 61 (Application for Appointment)(note 2)**	O	NA
DA Form 705 (Army Physical Fitness Test Scorecard)(note 2)**	O/cy	NA
DA Form 5585-R (Warrant Officer Flight Training)	O	cy
DA Form 5586-R (Officer Candidate School)	O	cy
DA Form 873 (Certificate of Security Clearance)(note 2)**	cy	NA
USAREC Form 1227 (Security Clearance Questionnaire)	O	cy
DA Form 4187 (Personnel Action (RA Enlistment Delay for Appl., with existing MOS)) (note 2)**	cy	O
DA Form 330 (Language Proficiency Questionnaire)**	O	cy
DA Form 4886 (Issue In-Kind Personnel Clothing Record)(note 2)**	O/cy	NA
Authorized miscellaneous personal documents used to verify requirements for dependency, birth certificate, citizenship, etc (note 2)	cy	O
Grade determination documents (note 2)	O	cy
SSN documentation (note 2)	cy	O
USAREC FL 1034 (DEP Status Change Request) and/or USAREC FL 1035 (Request to Change AD Enlistment Option)(note 2)**	O	NA
INS Verification Document(s)	O	NA

NOTE: Place a check mark in the block to the left of the documents for documents that are required and included.  
 Place an "NA" in the block to the left of the documents for documents that are not required.  
 Place an "NP" in the block to the left of the documents for documents that are not provided.

The Inclusion/Sequence of Checklist Verified By

Service Rep Signature

Printed Name of Service Rep

**MONTGOMERY GI BILL ACT OF 1984 (MGIB)**

*(Chapter 30, Title 38, U.S. Code)*

**BASIC ENROLLMENT**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.

**PRINCIPAL PURPOSE(S):** To document the understanding of members about their eligibility or lack of eligibility for benefits under the Montgomery GI Bill Act of 1984 (MGIB) and document a member's election to decline enrollment for benefits under the MGIB.

**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's eligibility to claim benefits under the MGIB.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the individual being automatically enrolled in the MGIB program.

**1. SERVICE MEMBER DATA**

**a. NAME** (*LAST, First, Middle Initial*)

Manning, Bradley Edward

**b. SOCIAL SECURITY NUMBER (SSN)**

(b) (6), (b)

**2. STATEMENT OF UNDERSTANDING FOR INELIGIBLE MEMBERS**

I am **NOT** eligible for the MGIB because (a) I am a service academy graduate, or (b) I am an ROTC scholarship graduate who received more than the current minimum amount allowed for enrollment in MGIB, or (c) I am a prior service member who disenrolled during my previous term of active duty.

**a. SERVICE MEMBER SIGNATURE**



**b. RANK/GRADE**

**c. DATE SIGNED** (YYYYMMDD)

**3. STATEMENT OF UNDERSTANDING FOR ALL ELIGIBLE MEMBERS**

1. I am automatically enrolled unless I exercise the option to **DISENROLL** by signing Item 5 below.
2. I understand that **UNLESS I DISENROLL** from the MGIB my basic pay will be reduced \$100 per month or the current monthly rate until \$1200 has been deducted; this basic pay reduction **CANNOT** be **REFUNDED, SUSPENDED OR STOPPED** this is an **IRREVOCABLE DECISION**.
3. I must complete 36 months of active duty service (24 months if my enlistment is for less than 36 months) before I am entitled to the current rate of monthly benefits. The MGIB provides benefits for a period of 36 months.
4. I understand I am eligible for an increased monthly benefit by contributing an additional amount, not to exceed \$600 while on active duty. Once I separate, I cannot contribute.

5. I must receive an **HONORABLE** discharge for service establishing entitlement to the MGIB. This **DOES NOT** include 'under honorable conditions'.
6. I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
7. I have 10 years from date of last discharge from active duty to use MGIB benefits.
8. If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
9. I cannot receive any combination of DVA educational benefits in excess of 48 months.
10. I must complete at least **24** months of a 3 year active duty service obligation and if my obligation is 2 years I may join and serve honorably in the Selected Reserve for a minimum of 48 months to qualify for the current active duty benefit rate. A (one) period of service **CANNOT** qualify me for both active and reserve MGIB benefits.

<b>a. SERVICE MEMBER SIGNATURE</b>	<b>b. RANK/GRADE</b>	<b>c. DATE SIGNED (YYYYMMDD)</b>
 	E01	20070926

**4. SERVICE UNIQUE EDUCATION ASSISTANCE OPTIONS**

Term of Enlistment: 4 Years, 00 Weeks, MOS: 35F

**5. STATEMENT OF DISENROLLMENT**

I **DO NOT** desire to participate in MGIB. I understand the benefits of the MGIB program and that I **WILL NOT** be able to enroll at a later date.

<b>a. DATE SIGNED (YYYYMMDD)</b>	<b>b. RANK/GRADE</b>	<b>c. SERVICE MEMBER SIGNATURE</b>

**6. CERTIFYING OFFICIAL**

**a. TYPED OR PRINTED**  
**NAME** (*LAST, First, Middle*  
*Initial*)

Jones , Mark A

**b. RANK/GRADE**

**c. SIGNATURE**



**d. DATE**  
**SIGNED**  
(*YYYYMMDD*)

20070926



MONTGOMERY GI BILL ACT OF 1984 (MGIB)

(Chapter 30, Title 38, U.S. Code)

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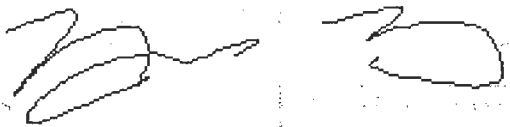
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6. I must complete the requirements of a secondary school diploma or equivalency certification, or successfully complete the equivalent of 12 semester hours in a program of education leading to a standard college degree before applying for benefits with the Department of Veterans' Affairs.
7. I have 10 years from date of last discharge from active duty to use MGIB benefits.
8. If I die while on active duty, or within one year after discharge or release from active duty if service related, my designated beneficiary(ies) will receive the unused balance of the money reduced from my basic pay for the MGIB. This death benefit will be paid by the Department of Veterans' Affairs (DVA).
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**6. CERTIFYING OFFICIAL**

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NAME (LAST, First, Middle  
Initial)

b. RANK/GRADE c. SIGNATURE

d. DATE  
SIGNED  
(YYYYMMDD)

Jones , Mark A



20070926

DD FORM 2366, JUN 2002

PREVIOUS EDITION IS OBSOLETE.

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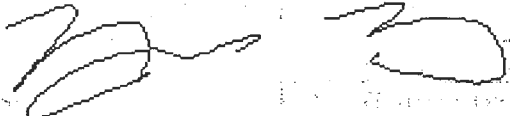
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**6. CERTIFYING OFFICIAL**

a. TYPED OR PRINTED  
NAME (LAST, First, Middle  
Initial)

Jones , Mark A

b. RANK/GRADE c. SIGNATURE



d. DATE  
SIGNED  
(YYYYMMDD)

20070926

DD FORM 2366, JUN 2002

PREVIOUS EDITION IS OBSOLETE.

**USMEPCOM ACCESSION VERIFICATION PACKET**  
**REGULAR ARMY/LEFT SIDE**  
(For use, see USMEPCOM Reg 601-23)

FOR OFFICIAL USE ONLY  
Page 1 of 2 Pages

**SUB-PACKET NUMBER**

**DOCUMENTS**

1                      2

Orders and any amendments	O/cy	7cy
DD Form 2808 (Report of Medical Examination) with waiver documents, if applicable, and all Medical supporting documents from consults etc..	O	cy
DD Form 2807-1 (Report of Medical History)	O	cy
Audiogram	O	NA
USMEPCOM Form 40-1-2-R-E (Report of Medical Examination/Treatment)	O/cy	NA
DD Form 2807-2 (Medical Prescreen of Medical History)	O	NA
USMEPCOM Form 40-8-1-R-E (HIV Antibody Testing Acknowledgment)	O/cy	NA
DD Form 2005 (Privacy Act Statement-Health Care)	O/cy	NA
DD Form 1966-series (Record of Military Processing-Armed Forces of the United States)	cy	O
DD Form 4-series (Enlistment/Reenlistment Document-Armed Forces of the United States)	cy	O
USMEPCOM PCN 680-3ADP (See para. 8-8 if not available)	O	NA
SF 86 (Questionnaire for National Security Positions) or EPSQ printout version and SF 86A (Continuation Sheet for Questionnaires SF 86, SF 85P, and SF 85)	cy	cy
ENTNAC Results/DIS Form 1 (Report of National Agency Check) (manual ENTNAC/NAC)	O	NA
USMEPCOM Form 601-23-5-R-E (Introductory Pre-accession Interview) note 3	cy	cy
USMEPCOM Form 601-23-4-E (Restrictions on Personal Conduct in the Armed Forces)	O	cy
USMEPCOM Form 40-8-R-E (Drug and Alcohol Testing Acknowledgment)	O/cy	NA
DD Form 214 (Certificate of Release or Discharge from Active Duty), or NGB Form 22 (Report of Separation), DD Form 215, (Correction to DD Form 214) and/or DD Form 220 (AD Rpt), REDD Report, discharge certificate or similar document)**	cy	O
DD Form 368 (Request for Conditional Release)**	O	cy
DD Form 369 (Police Record Check)**	cy	NA
DD Form 372 (Request for Verification of Birth)**	O	cy
DOD Form 1304.12-K (ASVAB Scoring Worksheet)**	O	NA
DD Form 2366 (Montgomery GI Bill (MGIB) Act of 1984)	3cy	O
SF 1199A (Direct Deposit Program Form)	O	NA
DD Form 93 (Record of Emergency Data)	O/cy	NA

**NOTE:** Place a check mark in the block to the left of the documents for documents that are required and included.  
Place an "NA" in the block to the left of the documents for documents that are not required.  
Place an "NP" in the block to the left of the documents for documents that are not provided.

**The Inclusion/Sequence of Checklist Verified By**

USMEPCOM Rep Signature \_\_\_\_\_

Printed Name of USMEPCOM Rep \_\_\_\_\_

ROSTER: **07275** SUB ROSTER: **B1** LINE NO: **010**SSN: (b) (6), (b) (7)  
(C)NAME: **MANNING BRADLEY EDWARD**

PAYGRADE/CODE: <b>E01 1</b>	RANK: <b>PV1</b>
DATE OF RANK: <b>20071002</b>	BPED: <b>20071002</b>
BASD: <b>20071002</b>	ETS: <b>20111001</b>
EDUCATION: <b>E</b>	MOS: <b>35F00</b>
SERVICE COMP: <b>R</b>	DATE OF BIRTH: <b>19871217</b>
BLOOD GROUP/TYPE: <b>O P</b>	MARITAL STAT/NO DEP: <b>S 0</b>
SEX: <b>M</b>	CITIZENSHIP: <b>A</b>
MENTAL CATEGORY: <b>B</b>	TYPE COMMITMENT: <b>UNCM</b>
RACE: <b>C</b>	PHYSICAL CAT/PROFILE: <b>B 111121</b>
DRIVERS LICENSE: <b>Y</b>	ETHNIC: <b>X</b>
RELIGIOUS CODE/PREF: <b>62</b>	HEIGHT: <b>62</b>
	WEIGHT: <b>101</b>
HAIR: <b>B</b>	EYES: <b>B</b>
BONUS ENLISTMENT: <b>9</b>	GI BILL/AFC CODE: <b>05</b>
MATH/SCIENCE: <b>1</b>	PRIOR SERVICE/YEARS:
DATE OF ARRIVAL: <b>20071002</b>	EAD DATE: <b>20071002</b>
TERM OF SERVICE: <b>4</b>	TERM OF SERVICE MONTHS: <b>48</b>
MEP STATION: <b>BALTIMORE MD</b>	MEPS CODE: <b>A02</b>
PHASE:	HIVDATE: <b>20070831</b>
RLANGID:	CONUS PREF: <b>06</b>
OCONUS1 PREF: <b>OE</b>	OCONUS2 PREF: <b>OA</b>
OCONUS3 PREF: <b>OF</b>	ASSIGNMENT CONSID:
RECRUITOR SSN/NAME: (b) (6), (b) (7)(C) <b>BOYLE</b>	AFQT: <b>00</b>
GT: <b>123</b> GM: <b>128</b> EL: <b>127</b> CL: <b>126</b> MM: <b>121</b> SC: <b>128</b> CO: <b>128</b> FA: <b>128</b> OF: <b>126</b> ST: <b>128</b>	
ENTNAC: SUBMISSION CODE/DATE: <b>F 20070926</b>	RESULT DATE:

HOR ADDRESS: (b) (6), (b) (7)(C)  
 CURRENT ADDRESS: (b) (6), (b) (7)(C)  
 LEGAL ADDRESS: (b) (6), (b) (7)(C)  
 BIRTH ADDRESS: **OKLAHOMA CITY OK US**



APPLICANT COPY

CONGRATULATIONS! A SUCCESSFUL RESERVATION WAS COMPLETED FOR

NAME: MANNING BRADLEY EDWARD

SSN: XXXXX (b)

JOB: 35F1000YY

TITLE: INTELLIGENCE ANALYST

TERM: 4 YEARS 0 WEEKS

OPTION: 3

TITLE: US ARMY TRAINING OF CHOICE

ASSOC. OPTION: 174

TITLE: US ARMY CASH BONUS, 4 YR ENL

ASSOC. OPTION: 270

TITLE: US ARMY SEASONAL BONUS (HIGH PRIORITY SEAT), I-III

TOTAL BONUS AMOUNT: 24000

FIRST UNIT OF ASSIGNMENT: UNCM

EXPECTED ARRIVAL DATE:

DEP SWEAR-IN DATE:

REPORT TO THE MEPS FOR TRANSPORTATION TO YOUR TRAINING LOCATION ON 20071002.

WHILE SPECIFIC TRAINING LOCATIONS ARE NOT GUARANTEED. YOU ARE TENTATIVELY SCHEDULED TO RECEIVE THE FOLLOWING TRAINING:

TYPE	LOCATION	START DATE	LENGTH WKS	LENGTH DAYS
BT	LWOOD	20071026	12	0
AIT	HUACHUCA	20080122	16	3

TOTAL TRAINING LENGTH is 28 WEEKS AND 3 DAYS.

IN ORDER FOR YOUR RESERVATION TO REMAIN VALID YOU MUST REMAIN MORALLY AND PHYSICALLY QUALIFIED FOR ENLISTMENT. PLEASE REPORT ANY CHANGES THAT AFFECT YOUR STATUS TO YOUR RECRUITER IMMEDIATELY.

PERMANENT RESERVATION DATE: 20070926

[Job Quals](#) [Reservation Report Letter](#) [Print All](#)

Done

To Ship  
 Corrected SF 86  
 P.T card  
 Direct Deposit form  
 Photo ID  
 1137  
 AKO  
 Shot records

**RA Applicant Data Report**

Applicant SSN: XXXX (b) Name: MANNING BRADLEY EDWARD Report Date: 20070926  
 MEPS: A02

**Applicant Information**

Address: (b) (6), (b) (7)(C) City: POTOMAC State: MD Zip: 208540000 Country: US  
 Phone: (b) (6) DOB: 19871217 Gender: M Race: C Citizenship: A NATIVE BORN  
 Citizenship Status: C A PERSON WHO IS A CITIZEN OF THE UNITED STATES BY BIRTH OR NATURALIZATION.  
 Ethnic Code: Y NONE Child Dependents: 0 Adult Dependents:  
 Driver's License Expiration: 20090215 Math: 4 GENERAL MATH Science: 4 GENERAL SCIENCE  
 Education Years: 12 Education Code: L HIGH SCHOOL DIPLOMA  
 Typing Certificate: Typing Words Per Minute: Grade: 1 Height: 62.0 Weight: 101.0  
 Physical Profile: 111121 Color Vision Test: N NORMAL COLOR VISION MPC: E DOS: 0  
 Status Obligator: BT Completion Indicator: N STARR: N Source of Commission:  
 Recruiting Program(s):

Advanced Rank Reason:  
 Physical Examination Date: 20070831 Physical Examination Type: EN ENLISTMENT APFT Date: APFT Result:  
 Additional Physical Examination Date: Additional Physical Examination Type:

ASVAB Scores: GT: 123 GM: 128 EL: 127 CL: 126 MM: 121 SC: 128 CO: 128 FA: 128 OF: 126 ST: 128  
 Predicted ASVAB Scores: GT: GM: EL: CL: MM: SC: CO: FA: OF: ST:  
 ASVAB Administration Date: Language Scores:

Miscellaneous Scores:  
 AFQT Score: 89 Predicted AFQT: AIM Score: 0 AIM Date: SWPT Score: SWPT Date: AO Score: AO Date:  
 DLPT Score: Reading Listening Speaking  
 Language Method Score Level Date Method Score Level Date Method Score Level Date

**Held Skills**

**Enlistment Category and Reservation Information**

Status: R Enlistment Category: NPS Reservation Type: E Training Type: S CAS: B  
 Enlist Date: 20071002 Term: 48 Perm. Reserv. Date: 20070926 ESL Weeks: 0  
 RECSTA Date: 20071022 RECSTA Location: LWOOD BT Location: LWOOD  
 Training Location: HUACHUCA BAT Start Date: Ship Date: 20071002 ETS Date: 20111001  
 DEP Verification Date: Ship Verification Date: Out Month: 20080516  
 Pre-Training Date: Pre-Training Location:  
 Training Type: S Enlist CMF: 35 Enlist Job: 35F1000YY UIC:  
 Assignment Arrival Date: Reno Quantity: 0  
 PaYS Position ID:

**Overrides**

Policy Override: N FSR2S Override: N Bat Required Override: N  
 TOS Override: N DEP Override: O Accession Override: O Incentive Override: N

Remarks: gma WANTS 35f (me)

**Incentive Information**

Incentive: 174 Amt: 4000  
 Incentive: 270 Amt: 20000

**Credit Information**

Recruiter SSN: XXXXX (b) Recruiting Station ID: 1B1A Office Code: 1B02  
 Guidance Counselor SSN: XXXXX (b)

Back

**JOB QUALS INFORMATION FOR**

NAME: MANNING BRADLEY EDWARD

SSN: XXXXX(b)

JOB: 35F1000YY INTELLIGENCE ANALYST

REMARKS: CRS LGTH 16WKS/3DS /ACASP. Intelligence analysts must possess the following qualifications: (1) A physical demands rating of heavy. (2) A physical profile of 222221. (3) Normal color vision. (4) Qualifying scores. c) A minimum score of 101 in aptitude area ST on ASVAB tests administered on and after 1 July 2004. (5) The Soldier must meet TS SCI access eligibility requirements to be awarded this MOS. For training (if required) an interim TS with SCI access granted from the CCF meets this requirement. (6) A high school graduate or equivalent prior to entry into active duty.

## QUALIFICATION POLICIES:

PHYS\_PRFL\_CMPST\_CD >= 222221 AND ST\_SCORE >= 101 AND CLR\_VSN\_TST\_RSL\_CD >= N AND CTZSP\_ORIG\_CD >= D AND CIV\_ED\_DSG\_CD >= 9 AFQT\_PCTL\_NR >= 1 AFQT\_PCTL\_NR >= 1 AFQT\_PCTL\_NR >= 1

PERSONAL

SSN <b>(b) (6), (b)</b>	SPF DAR	PMS:N SSN: R	DAYS: 0000 ARN:	DMDC: N ENTNAC: S	P A M D E H * O V P P A B B	SSC: SS#:
NAME (Last, First, Middle, Suffix) <b>MANNING BRADLEY EDWARD</b>		HIV: R	DRUG: R	PROJ FOR: WKID RPTD:	7 1 7 1	
P-SSN: P-LNAME:		P-MEPS: A02		L-TRANS: B001B	L-DOA: 2007-10-02	RID: 6
				USER: TINSLEY	L-SYNC: 20071002/083432	

ADDRESS	TYPE B	STREET, CITY, COUNTY, STATE, COUNTRY, ZIP CODE <b>(b) (6)</b>				
---------	-----------	--	--	--	--	--

CTZN CA	ARN A	COC M	SEX F	RACIAL D	ETHNIC S	MARITAL 0	#DEP 0	DOB 1987-12-17	REL 62	EDUC 12L	F LANGUAGE 1 - 2 -	NONE
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DRY LIC Y	FLAG MD	ST MD	# M552098189857	EXP DATE 2009-02-15	CITY, STATE, COUNTRY OKLAHOMA CITY OK US	RECRUITER ID/SSN-STATION ID <b>(b) (6)</b> / 1B1A
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INS

CURRENT MEDICAL INSURER NAME <b>NONE</b>	CURRENT MEDICAL PROVIDER NAME <b>NONE</b>
MEDICAL INSURER ADDRESS (Street, City, State, Country,) ZIP Code	MEDICAL PROVIDER ADDRESS (Street, City, State, Country,) ZIP Code

TESTING

ENLIST	AFQT TID 89 02E	DOT 2007-08-30	ST M-SITE P 021992	SPECIAL	TYPE SCORE DOT	GS 69	AR 62	WK 62	PC 53	MK 63	EI 70	AS 48	MC 66	AO 52	VE 59
COMPOSITES: GT CL CO EL FA GM MM OF SC ST						123 126 128 127 128 128 121 126 128 128									

ADMINISTRATOR: 000009150      MANUAL - AUTHORIZATION:      ELIGIBLE DATE: 2007-09-30

MEDICAL

SF88: PRESSCREEN:	PHYSICAL: 2007-08-31	INSP: 2007-10-02	SPECIMEN DOT RSLT RSLT-DATE 02167796 2007-08-31 5B 2007-09-05
RBJ: ELIGIBILITY:	AUDIO: 05 10 20 30 40 60	HIV	02167796 2007-08-31 NNN NNN 2007-09-05
X-RAY: NXT    EQP: N	RIGHT: 05 05 00 00 00 00	DRUG	
HGT: 62.	LEFT: 05 05 10 00 00 20	ALCO	2007-08-31 N
WGT: 101	P U L H E S X (E) 1 1 1 1 2 1 - E		
FAT:	DISTANT NEAR		
HAIR: BLOND	R: 020/020 020/020		
EYES: BLUE/BLUE	L: 020/020 020/020		
BP: 121/079	REFRAC: M		
	WVR: N    CNSLT: Y    HCG: M		

FAIL:      ICDCODE:

DEP

DOE 2007-09-26	PADD 2007-10-02	ES 3	RECRUITER 111119968	STNID 1B1A	PEF CACTB	T-E MOS/AFS 35F1	WAIVER CODE YYY	DATE
PAY GRADE: E01      SERVICE ANNEX CODES: A      MSO: 0800      AD OBLIGATION: 0400								REASON
SERVICE REQUIRED CODES:								SPF
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40								DATE
1 2 3 4 5 6 7 8 9 50 1 2 3 4 5 6 7 8 9 60 1 2 3 4 5 6 7 8 9 70 1 2 3 4 5 6 7 8 9 80 1 2 3 4 5 6 7 8 9 90								REASON
1 2 3 4 5 6 7 8 9 00 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 20 1 2 3 4 5 6 7 8 9 30 1 2 3 4 5 6 7 8 9 40								SPF
4 6 9 7 4 3 0 6 0								DATE

ACCESSION

DOE 2007-10-02	ADSD 2007-10-02	PED 2007-10-02	MSO 0800	AD/RC OBLIGATION 04/00	WAIVER CODE YYY	DATE
PAY GRADE: E01      DOG: 2007-10-02      ES: 1      EDUC: 12L      RECRUITER: 100000000      STNID: 00000      PEF: CACTB      T-E MOS/AFS: 35F10      PMOS/AFS: 35F10						REASON
YOUTH: YYO      OA: YY      STATE GUARD      SERVICE ANNEX CODES: B      REPLACES ANNEXES: A      UIC: WOV3LK      368/214      N						SPF
SERVICE REQUIRED CODES:						DATE
						REASON
						SPF

DEP DISCHARGE



**BACKGROUND**

PMS	INFO	PF	DATE RCVD						
	DATE SUB	RSLT	DATE RCVD	FOREIGN BORN	DATE DEATH	DEATH SOURCE			
SSN	2007-08-30	R	2007-09-04	A					
ARN	DATE SUB	CASE #	DATE CASE #	RSLT	DATE CLSD	DOB	POB-CTRY	STATUS	
	L-NAME:	USCIS INFO					CTZN	WORK	
F-NAME:									
ENTNAC	PATH	DATE SUB	CASE #	DATE CASE #	RSLT	AGY	DATE CLSD	ALIAS	TYPE NAME
	A	2007-09-26	70696500						
PEI/PAI	TYPE	APPLY TO	DATE INTVWD	DATE CLRD	REMARKS				

**DISCREPANCIES**

REMARKS	REASON

**WORK HISTORY**

WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME	WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME
B001B	20071002/101319	N	A02	P	DAR	TINSLEY							
T000I	20071002/065515	Y	A02	P	DAR	LEGRAND							
B070P	20071002/065512	Y	A02	P	DAR	LEGRAND							
T000I	20071002/055642	Y	A02	P	DAR	LEGRAND							
P000P	20070928/140514	Y	A02	P	DAR	PROCTOR							
B006S	20070927/052154	Y	A02	P	DAR	USMIRSDB							
S001C	20070926/144549	Y	A02	P	DAR	JACKSON							
B006A	20070926/144324	Y	A02	P	DAR	JACKSON							
B002A	20070926/144252	Y	A02	P	DAR	JACKSON							
S000E	20070926/144132	Y	A02	P	DAR	JACKSON							
B080P	20070926/064434	Y	A02	P	DAR	LEGRAND							
T000I	20070926/052554	Y	A02	P	DAR	KNAUB							
P000P	20070925/094043	Y	A02	P	DAR	PROCTOR							
T0000	20070907/074246	Y	A02	P	DAR	TINSLEY							
B080L	20070907/070012	Y	A02	P	DAR	NEVELEFF							
T000I	20070907/053406	Y	A02	P	DAR	KNAUB							
B080L	20070906/142347	Y	A02	P	DAR	ABEGAZ							
P000P	20070906/095023	Y	A02	P	DAR	PROCTOR							
B0D0L	20070905/050926	Y	A02	P	DAR	USMIRSDB							
B050L	20070905/050926	Y	A02	P	DAR	USMIRSDB							
V000S	20070904/052044	Y	A02	P	DAR	USMIRSDB							
T0000	20070831/150453	Y	A02	P	DAR	BRANNON							
B020L	20070831/114329	Y	A02	P	DAR	POPE							
T000I	20070831/060711	Y	A02	P	DAR	BEASLEY							
B100P	20070830/183557	Y	A02	P	DAR	WASHINGP							
P000P	20070830/094008	Y	A02	P	DAR	PROCTOR							
A000V	20070830/093943	Y	A02	P	DAR	PROCTOR							



DATE: 2007-10-02

TIME: 1013

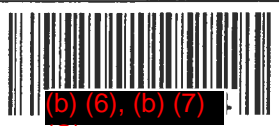


BACKGROUND	PMS	INFO		RF	DATE RCVD				
	SSN	DATE SUB	RSLT	DATE RCVD	FOREIGN BORN	DATE DEATH	DEATH SOURCE		
		2007-08-30	R	2007-09-04	A				
	ARN	DATE SUB	CASE #	DATE CASE #	RSLT	DATE CLSD	DOB	POB-CTRY	STATUS
	L-NAME:	USCIS INFO					CTZN	WORK	
	F-NAME:								
ENTNAC	PATH	DATE SUB	CASE #	DATE CASE #	RSLT	AGY	DATE CLSD	ALIAS	TYPE NAME
	A	2007-09-26	70696500						
PEI/PAI	TYPE	APPLY TO	DATE INTVWD	DATE CLRD	REMARKS				

DISCREPANCIES	REMARKS	REASON

**WORK HISTORY**

WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME	WKID	DOA/TIME	SYNC	MEPS	OWN	SPF	USERNAME
B001B	20071002/101319	N	A02	P	DAR	TINSLEY							
T000I	20071002/065515	Y	A02	P	DAR	LEGRAND							
B070P	20071002/065512	Y	A02	P	DAR	LEGRAND							
T000I	20071002/055642	Y	A02	P	DAR	LEGRAND							
P000P	20070928/140514	Y	A02	P	DAR	PROCTOR							
B006S	20070927/052154	Y	A02	P	DAR	USMIRSDB							
S001C	20070926/144549	Y	A02	P	DAR	JACKSON							
B006A	20070926/144324	Y	A02	P	DAR	JACKSON							
B002A	20070926/144252	Y	A02	P	DAR	JACKSON							
S000E	20070926/144132	Y	A02	P	DAR	JACKSON							
B080P	20070926/064434	Y	A02	P	DAR	LEGRAND							
T000I	20070926/052554	Y	A02	P	DAR	KNAUB							
P000P	20070925/094043	Y	A02	P	DAR	PROCTOR							
T000O	20070907/074246	Y	A02	P	DAR	TINSLEY							
B080L	20070907/070012	Y	A02	P	DAR	NEVELEFF							
T000I	20070907/053406	Y	A02	P	DAR	KNAUB							
B080L	20070906/142347	Y	A02	P	DAR	ABEGAZ							
P000P	20070906/095023	Y	A02	P	DAR	PROCTOR							
B0D0L	20070905/050926	Y	A02	P	DAR	USMIRSDB							
B050L	20070905/050926	Y	A02	P	DAR	USMIRSDB							
V000S	20070904/052044	Y	A02	P	DAR	USMIRSDB							
T000O	20070831/150453	Y	A02	P	DAR	BRANNON							
B020L	20070831/114329	Y	A02	P	DAR	POPE							
T000I	20070831/060711	Y	A02	P	DAR	BEASLEY							
B100P	20070830/183557	Y	A02	P	DAR	WASHINGP							
P000P	20070830/094008	Y	A02	P	DAR	PROCTOR							
A000V	20070830/093943	Y	A02	P	DAR	PROCTOR							



DATE: 2007-10-02  
TIME: 1013



NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)

MANNING BRADLEY EDWARD

SECURITY NO OF ENLISTEE/REENLISTEE

(b) (6), (b) (7)

F. DISCHARGE FROM DELAYED ENTRY/ENLISTMENT PROGRAM

20a. I request to be discharged from the Delayed Entry/Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) ARMY for a period of 4 years and 0 weeks. No changes have been made to my enlistment options OR if changes were made they are recorded on Annex(es) B

which replace(s) Annex(es) A

b. SIGNATURE OF DELAYED ENTRY/ENLISTMENT PROGRAM ENLISTEE

c. DATE SIGNED (YYYYMMDD)

20071002

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

21. SERVICE REPRESENTATIVE CERTIFICATION

a. This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) ARMY in pay grade E-1

b. NAME (Last, First, Middle)

BOYGE CALVIN N

c. PAY GRADE

E-8

d. UNIT/COMMAND NAME

USA RECRUITING BATTALION

e. SIGNATURE

f. DATE SIGNED (YYYYMMDD)

20071002

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

FT GEORGE G MEADE MD 20755-0000

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

I, BRADLEY EDWARD MANNING, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

b. SIGNATURE OF ENLISTEE/REENLISTEE

c. DATE SIGNED (YYYYMMDD)

20071002

23. ENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

THOMAS, MICHAEL D

c. PAY GRADE

O-4

d. UNIT/COMMAND NAME

BALTIMORE MEPS

e. SIGNATURE

f. DATE SIGNED (YYYYMMDD)

20071002

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

FORT GEORGE G MEADE MD 20755-2995

(Initials of Enlistee/Reenlistee) x BEM

**RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES**

(Read Privacy Act Statement and Instructions on back before completing this form.)

OMB No. 0704-0173  
OMB approval expires  
Mar 31, 2010

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Executive Services Directorate (0704-0173). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.**

<b>A. SERVICE PROCESSING FOR</b> D   A   R	<b>B. PRIOR SERVICE:</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO NUMBER OF DAYS:	<b>C. SELECTIVE SERVICE CLASSIFICATION</b> NONE	<b>D. SELECTIVE SERVICE REGISTRATION NO.</b> NONE
---	--	--	--

**SECTION I - PERSONAL DATA**

<b>1. SOCIAL SECURITY NUMBER</b> (b) (6) - (b) (6) - (b) (6)		<b>2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.)</b> Bradley Edward Manning; AKA Manning; Bradley Edward	
<b>3. CURRENT ADDRESS</b> (Street, City, County, State, Country, ZIP Code) 1492 Selworthy Road, Potomac, MONTGOMERY, MD, 20854 USA		<b>4. HOME OF RECORD ADDRESS</b> (Street, City, County, State, Country, ZIP Code) 1492 Selworthy Road, Potomac, MONTGOMERY, MD, 20854 USA	
<b>5. CITIZENSHIP (X one)</b> <input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2)) <input checked="" type="checkbox"/> (1) NATIVE BORN <input type="checkbox"/> b. U.S. NATURALIZED <input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL <input type="checkbox"/> d. IMMIGRANT ALIEN (Specify) <input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		<b>6. SEX (X one)</b> <input checked="" type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	
<b>7.a. RACIAL CATEGORY (X one or more)</b> <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> (5) WHITE		<b>7.b. ETHNIC CATEGORY</b> <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO	
<b>8. MARITAL STATUS (Specify)</b> NEVER MARRIED		<b>9. NUMBER OF DEPENDENTS</b> 0	
<b>10. DATE OF BIRTH (YYYYMMDD)</b> 1   9   8   7   1   2   1   7		<b>11. RELIGIOUS PREFERENCE (Optional)</b> ROMAN CTHOLC	
<b>12. EDUCATION (Yrs/Highest Ed Gr Completed)</b> 12 / L		<b>13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.)</b> NONE	
<b>14. VALID DRIVER'S LICENSE (X one)</b> (If Yes, list State, number, and expiration date). MD, M552098189857, 2009/02/15		<b>15. PLACE OF BIRTH (City, State and Country)</b> Oklahoma City, OK USA	

**SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES**

(FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - Go on to Page 2, Question 20.)

<b>16. APTITUDE TEST RESULTS</b>																																																											
a. TEST ID	b. TEST SCORES			AFQT PERCENTILE	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE																																													
0   2   E	2007/08/30			8   9	6   9	6   2	6   2	5   3	6   3	7   0	4   8	6   6	5   2	5   9																																													
<b>17. DEP ENLISTMENT DATA</b>																																																											
a. DATE OF ENLISTMENT - DEP (YYYYMMDD)				b. PROJ ACTIVE DUTY DATE (YYYYMMDD)				c. ES		d. RECRUITER IDENTIFICATION				e. STN ID		f. PEF																																											
2   0   0   7   0   9   2   6				2   0   0   7   1   0   0   2				3		1   1   B   1   A   9   9   6   8   1   B   1   A				C   A   C   T   B																																													
g. T-E MOS/AFS		h. WAIVER (1)		(2)		(3)		(4)		(5)		(6)		i. PAY GRADE		j. SVC ANNEX CODES		k. MSO(YYYY)		l. AD OBLIGATION (YYYY)																																							
3   5   F   1		Y   Y   Y										E   0   1   A				0   8   0   0		0   4   0   0																																									
<b>18. ACCESSION DATA</b>																																																											
a. DATE OF ENLISTMENT (YYYYMMDD)				b. ACTIVE DUTY SERVICE DATE (YYYYMMDD)				c. PAY ENTRY DATE (YYYYMMDD)				d. MSO(YYYY)		e. AD/RC OBLIGATION (YYYYMMDD)																																													
2   0   0   7   1   0   0   2				2   0   0   7   1   0   0   2				2   0   0   7   1   0   0   2				0   8   0   0		0   4   0   0																																													
f. WAIVER (1)		(2)		(3)		(4)		(5)		(6)		g. PAY GRADE		h. DATE OF GRADE (YYYYMMDD)		i. ES		j. YRS / HIGHEST ED GR COMPL																																									
Y   Y   Y												E   0   1		2   0   0   7   1   0   1   7		1		1   2   L																																									
k. RECRUITER IDENTIFICATION				l. STN ID				m. PEF				n. T-E MOS/AFS		o. PMOS/AFS		p. YOUTH		q. OA		r. STATE GUARD																																							
1   1   B   1   A   9   9   6   8   1   B   1   A				C   A   C   T   B				3   5   F   1   0				3   5   F   1   O		Y   Y   0		N   Y																																											
s. SVC ANNEX CODES				t. REPLACES ANNEXES				u. TRANSFER TO (UIC)																																																			
B				A				W   0   V   L   3   K																																																			
<b>19. SERVICE REQUIRED CODES</b>																																																											
1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24		25											
P		V		1		1		0		T		D		B		H		F		V		0		0		A		0		0		1		B		1		A																					
26		27		28		29		30		31		32		33		34		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49		50											
51		52		53		54		55		56		57		58		59		60		61		62		63		64		65		66		67		68		69		70		71		72		73		74		75		76		77		78		79		80	
81		82		83		84		85		86		87		88		89		90		91		92		93		94		95		96		97		98		99		100		101		102		103		104		105		106		107		108		109		110	
111		112		113		114		115		116		117		118		119		120		121		122		123		124		125		126		127		128		129		130		131		132		133		134		135		136		137		138		139		140	



## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Sections 504, 505, 508, 12102; Title 14 USC Sections 351 and 632; Title 50 USC Appendix 451; and EO 9397 (SSAN).

**PRINCIPAL PURPOSE(S):** DD Form 1966 is the basic form used by all the Military Services and the Coast Guard for obtaining data used in determining eligibility of applicants and for establishing records for those applicants who are accepted.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary; however, failure to answer all questions on this form, except questions labeled as "Optional," may result in denial of your enlistment application.

## WARNING

Information provided by you on this form is **FOR OFFICIAL USE ONLY** and will be maintained and used in strict compliance with Federal laws and regulations. The information provided by you becomes the property of the United States Government, and it may be consulted throughout your military service career, particularly whenever either favorable or adverse administrative or disciplinary actions related to you are involved.

**YOU CAN BE PUNISHED BY FINE, IMPRISONMENT OR BOTH IF YOU ARE FOUND GUILTY OF MAKING A KNOWING AND WILLFUL FALSE STATEMENT ON THIS DOCUMENT.**

## INSTRUCTIONS

*(Read carefully BEFORE filling out this form.)*

1. Read Privacy Act Statement above before completing form.
2. Type or print **LEGIBLY** all answers. If the answer is "None" or "Not Applicable," so state. "Optional" questions may be left blank.
3. Unless otherwise specified, write all dates as 8 digits (with no spaces or marks) in **YYYYMMDD** fashion. June 1, 2005 is written 20050601.

20. NAME (Last, First, Middle Initial)

Bradley Edward Manning

21. SOCIAL SECURITY NUMBER

(b) (6), (b)

**SECTION III - OTHER PERSONAL DATA**

**22. EDUCATION**

a. List all high schools and colleges attended. (List dates in YYYYMM format.)				(5) GRADUATE	
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
200109	200506	Tasker Milward VC	Portfield Ave Haverford Wales, U KINGDOM	X	
200701	200705	MONTGOMERY COLLEGE OF ROCKVILLE	51 Mannakee St Rockville, MD		X

	YES	NO
b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?		X

**23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA**

(If "Yes," explain in Section VI, "Remarks.")

a. Is anyone dependent upon you for support?		X
b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?		X
c. Do you have an <u>immediate relative</u> (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?		X
d. Are you the only living child in your immediate family?		X

**24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE U.S. GOVERNMENT**

(If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?		X
b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?		X
c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?		X
d. Have you ever been employed by the United States Government?		X
e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?		X

**25. ABILITY TO PERFORM MILITARY DUTIES**

(If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)		X
b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?		X
c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability)?		X

**26. DRUG USE AND ABUSE** (If "Yes," explain in Section VI, "Remarks.")

Have you ever tried, used, sold, supplied, or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licenced physician?

		X
--	--	---

27. NAME (Last, First, Middle Initial) Bradley Edward Manning	28. SOCIAL SECURITY NUMBER <b>(b) (6), (b)</b>
--	---

**SECTION IV - CERTIFICATION**

29. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

a. I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document; that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) Bradley Edward Manning	c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD) 20070926
--	------------------	---------------------------------------

30. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)		b. AGE (X one)		c. CITIZENSHIP (X one)	
<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE	<input checked="" type="checkbox"/> (1) BIRTH CERTIFICATE			
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)			
d. SOCIAL SECURITY NUMBER (SSN) (X one)		e. EDUCATION (X one)		f. OTHER DOCUMENTS USED	
<input checked="" type="checkbox"/> (1) SSN CARD	<input checked="" type="checkbox"/> (1) DIPLOMA				
<input type="checkbox"/> (2) OTHER (Explain)	<input type="checkbox"/> (2) OTHER (Explain)				

31. CERTIFICATION OF WITNESS

a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middleinitial) Jones, Mark A	c. PAY GRADE	d. RECRUITER I.D. 1BA024794	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20070926
--	--------------	--------------------------------	------------------	---------------------------------------

32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES

a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service.)  
(Use clear text English.)  
IAW AR601-210, Chapter 9, table 9-1 Program 9A United States ARMY Training Enlistment Program, , Req. OPT 03AND 9C United States ARMY Incentive Enlistment ProgramReq. OPT 174, 270, MOS 35F1000YY 4 years 0 weeks UNCM

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).	c. APPLICANT'S INITIALS 
---	-----------------------------

33. CERTIFICATION OF RECRUITER OR ACCEPTOR

a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service)  
Army and certify that I have not made any promises or guarantees other than those listed in Item 32.a. above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middleinitial) Jones, Mark A	c. PAY GRADE	d. RECRUITER ID OR ORGANIZATION 1BA024794	e. SIGNATURE 	f. DATE SIGNED (YYYYMMDD) 20070926
--	--------------	--	------------------	---------------------------------------

**SECTION V - RECERTIFICATION**

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY

a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED
2	NAME changed from Bradley Edward Manning; AKA Manning, Bradley Edward to Bradley Edward Manning; Manning, Bradley Edward

d. APPLICANT		e. WITNESS		
(1) SIGNATURE 	(2) DATE SIGNED (YYYYMMDD) 20071002	(1) TYPED OR PRINTED NAME (Last, First, Middleinitial) Jones, Mark A	(2) RANK/ GRADE 1	(3) SIGNATURE 

35. NAME (Last, First, Middle Initial)

Bradley Edward Manning

36. SOCIAL SECURITY NUMBER

(b) (6), (b)

**SECTION VI - REMARKS**

(Specify item(s) being continued by item number. Continue on separate pages if necessary.)

26. Have you ever used marijuana? N

Statement Remarks:

per conversation with Mr. Driver this is a good education evaluation, and that is one of DOD recommended evaluation services.

DD FORM 1966/5 YES  
ATTACHED? (X one) NO

**SECTION VII - STATEMENT OF NAME FOR OFFICIAL MILITARY RECORDS**

**37. NAME CHANGE.**

If the preferred enlistment name (name given in Item 2) is not the same as on your birth certificate, and it has not been changed by legal procedure prescribed by state law, and it is the same as on your social security number card, complete the following:

a. NAME AS SHOWN ON BIRTH CERTIFICATE

Bradley Edward Manning

b. NAME AS SHOWN ON SOCIAL SECURITY NUMBER CARD

Bradley Edward Manning

c. I hereby state that I have not changed my name through any court or other legal procedure; that I prefer to use the name of Bradley Edward Manning by which I am known in the community as a matter of convenience and with no criminal intent. I further state that I am the same person as the person whose name is shown in Item 2.

d. APPLICANT

(1) SIGNATURE

(2) DATE SIGNED (YYYYMMDD)

e. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial)

BOYLE, MICHAEL L

(2) PAY GRADE

E05

(3) SIGNATURE

38. NAME (Last, First, Middle Initial)

Bradley Edward Manning

39. SOCIAL SECURITY NUMBER

(b) (6), (b)

USE THIS DD FORM 1966 PAGE ONLY IF EITHER SECTION APPLIES TO THE APPLICANT'S RECORD OF MILITARY PROCESSING.

SECTION VIII - PARENTAL/GUARDIAN CONSENT FOR ENLISTMENT

40. PARENT/GUARDIAN STATEMENT(S) (Line out portions not applicable)

a. I/we certify that (Enter name of applicant) Bradley Edward Manning

has no other legal guardian other than me/us and I/we consent to his/her enlistment in the United States  
(Enter Branch of Service)

REGULAR ARMY

I/we acknowledge/understand that he/she may be required upon order to serve in combat or other hazardous situations. I/we certify that no promises of any kind have been made to me/us concerning assignment to duty, training, or promotion during his/her enlistment as an inducement to me/us to sign this consent. I/we hereby authorize the Armed Forces representatives concerned to perform medical examinations, other examinations required, and to conduct records checks to determine his/her eligibility. I/we relinquish all claim to his/her service and to any wage or compensation for such service. I/we authorize him/her to be transported unsupervised to/from the Military Entrance Processing Station via public conveyance and to stay unsupervised at a government contracted hotel facility.

b. FOR ENLISTMENT IN A RESERVE COMPONENT.

I/we understand that, as a member of a reserve component, he/she must serve minimum periods of active duty for training unless excused by competent authority. In the event he/she fails to fulfill the obligations of his/her reserve enlistment, he/she may be recalled to active duty as prescribed by law. I/we further understand that while he/she is in the ready reserve, he/she may be ordered to extended active duty in time of war or national emergency declared by the Congress or the President or when otherwise authorized by law, and may be required upon order to serve in combat or other hazardous situations.

c. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) SIGNATURE

(3) DATE SIGNED  
(YYYYMMDD)

d. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) SIGNATURE

(3) DATE SIGNED  
(YYYYMMDD)

e. PARENT

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) SIGNATURE

(3) DATE SIGNED  
(YYYYMMDD)

f. WITNESS

(1) TYPED OR PRINTED NAME (Last, First, Middle Initial) (2) SIGNATURE

(3) DATE SIGNED  
(YYYYMMDD)

41. VERIFICATION OF SINGLE SIGNATURE CONSENT

42. NAME (Last, First, Middle Initial)

Bradley Edward Manning

43. SOCIAL SECURITY NUMBER

(b) (6), (b)

**SECTION VI - REMARKS CONTINUATION**

*(Specify item(s) being continued by item number. Continue on separate pages if necessary.)*

07275B1

010

DEPARTMENT OF DEFENSE  
BALTIMORE MILITARY ENTRANCE PROCESSING STATION  
850 CHISHOLM AVENUE  
FORT GEORGE. G. MEADE, MD 20755-2995

ORDERS: 8275012

02 October 2007

Having enlisted in the U.S. Army under the provisions of AR 601-210, you are assigned and will report to the 43rd Adjutant General Battalion (Reception), Ft Leonard Wood, MO. MDC 1AE8. Reporting date: 02 October 2007

NAME

SSN

MANNING, BRADLEY E.

(b) (6), (b) (7)

This is a centrally billed Account for Ticket Purchase.

FOR THE COMMANDER:

\*\*\*\*\*  
\* OFFICIAL COPY \*  
\* DEPARTMENT OF DEFENSE \*  
\* BALTIMORE MEPS \*  
\*\*\*\*\*

DISTRIBUTION:

Ea indiv indic (1)  
Tng sta enl packet (7)  
Sponsoring rctg svc cdr (3)  
Travel Section (1)  
File (1)

NKECHUKWUKU U. ENWEFA  
1LT, US ARMY  
Operations Officer

NUMI DTE:08/28/07 SSN:(b) (6), (b) (7)(C) XC: UNIT:KTG PG:001

SOCIAL SECURITY ADMINISTRATION  
SOCIAL SECURITY NUMBER VERIFICATION

OUR RECORDS INDICATE THAT SOCIAL SECURITY NUMBER (b) (6), (b) (7)(C) IS  
ASSIGNED TO BRADLEY , EDWARD , MANNING , .

YOUR SOCIAL SECURITY CARD IS THE OFFICIAL VERIFICATION OF YOUR SOCIAL SECURITY  
NUMBER. THIS PRINTOUT DOES NOT VERIFY YOUR RIGHT TO WORK IN THE UNITED STATES.

PROTECT YOUR SOCIAL SECURITY NUMBER FROM FRAUD AND IDENTITY THEFT. BE CAREFUL  
WHO YOU SHARE YOUR NUMBER WITH.

Social Security Administration  
315 North Washington Street  
Rockville, MD 20850



# CERTIFICATE OF LIVE BIRTH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

87-043452

135 -

LOCAL REG NO		STATE FILE NO		135 -	
1. CHILD (Type or print)	NAME First Middle Last Bradley Edward Manning			2. DATE OF BIRTH Month Day Year 12 17 87	3. HOUR 1:58P
4. SEX Male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIplet <input type="checkbox"/>		5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>		6a. COUNTY OF BIRTH Oklahoma
6b. CITY, TOWN, OR LOCATION OF BIRTH Oklahoma City		6c. INSIDE CITY LIMIT Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6d. HOSPITAL - NAME (If not in hospital, give street and number) Mercy Health Center		
7. MOTHER MAIDEN NAME Susan Mary	8. AGE (at time of this birth) 34		9. BIRTHPLACE (State or foreign country) England		
10a. RESIDENCE - STATE Oklahoma	10b. COUNTY Logan	10c. CITY, TOWN, OR LOCATION Crescent		10d. INSIDE CITY LIMIT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	10e. STREET ADDRESS Route 1 Box 158
11. FATHER NAME Brian Edward Manning	12. AGE (at time of this birth) 32		13. BIRTHPLACE (State or foreign country) Illinois		
14a. INFORMANT SIGNATURE OF EITHER PARENT <i>Susan Mary Manning</i>				14b. IF UNABLE TO OBTAIN ONE OF PARENTS SIGNATURE, STATE REASON THEREFORE	
15. MOTHER'S MAILING ADDRESS (b) (6)		STREET - R.F.D. NO Crescent		STATE Oklahoma	ZIP CODE NO. 73028
16a. WAS BLOOD OF THIS CHILD'S MOTHER TESTED FOR SYPHILIS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		16b. DATE TEST MADE 12/17/87	16c. IF NO TEST, STATE REASON THEREFORE		
17. WEIGHT OF CHILD AT BIRTH 6 LBS. 5 OZS		18. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
I hereby certify that this child was born alive on the date stated above.	19a. SIGNATURE OF ATTENDANT <i>Stanley D. Corley</i>		19b. DATE SIGNED 1/4/88		
	19c. NAME OF ATTENDANT (Print or Type) Stanley D. Corley, M.D.		19d. ATTENDANT AT BIRTH M.D. <input checked="" type="checkbox"/> D.C. <input type="checkbox"/> M. wife <input type="checkbox"/> Other <input type="checkbox"/> (Specify)		
19e. ADDRESS OF ATTENDANT 4200 West Memorial Road		STREET - R.F.D. NO Oklahoma City		STATE Oklahoma	ZIP CODE NO. 73120
20a. DATE REC'D. BY LOCAL REG. JAN 11 1988		20b. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		21. DATE RECEIVED BY STATE REGISTRAR JAN 11 1988	
22a. THIS LINE FOR USE OF STATE REGISTRAR	22b. DATE CORRECTIONS MADE	22c. ITEMS CORRECTED	22d. AUTHORITY	22e. CLERK	

COPY

COPY

COPY

DL Class *Maryland*

Driver's License

LIC # (b) (6) (b) (6)

*Bradley Edward Manning*  
BRADLEY EDWARD MANNING

(b) (6), (b) (7)(C)

BIRTH DATE: 12-17-1987  
EXPIRES: 02-16-2009

Under 18 Until: 12-17-2005

Under 21 Until: 12-17-2008



Sex: M  
Height: 5-03  
Weight: 105  
Restr: BJ  
Type: N  
Iss: 12-08-2008

12-17-1987

**Basler, Michael SFC USAREC**

**From:** Driver, Clyde Mr GS USAREC  
**Sent:** Tuesday, August 21, 2007 12:35 PM  
**To:** 1B1; 1B1A; 1B1B; 1B1C; 1B1D; 1B1G; 1B1L; 1B1W; 1B3; 1B3D; 1B3G; 1B3H; 1B3J; 1B3M; 1B3P; 1B3R; 1B5; 1B5D; 1B5G; 1B5H; 1B5J; 1B5K; 1B5P; 1B5T; 1B5W; 1B6; 1B6D; 1B6E; 1B6F; 1B6G; 1B6L; 1B6M; 1B6R; 1B6S; 1B7; 1B7B; 1B7C; 1B7F; 1B7H; 1B7K; 1B7M; 1B7S; 1B7W; 1B8; 1B8C; 1B8D; 1B8G; 1B8I; 1B8J; 1B8L; 1B8W; 1B9; 1B9A; 1B9E; 1B9H; 1B9J; 1B9L; 1B9N  
**Subject:** [U] FW: SpanTran / ARMY Foreign Credential Evaluations - \$50 - One Day Turnaround  
**Categories:** UNCLASSIFIED  
**Attachments:** Army Application.doc; creditcard[1].pdf; Fax Cover Sheet for Military.doc; GUIDELINES FOR SPECIAL PURPOSE LETTER.doc; SpecialPurposeLetter.pdf



Army application.doc (27 K)



creditcard[1].pdf (283 KB)



Fax Cover Sheet for Military.d...



GUIDELINES FOR SPECIAL PURPOSE



SpecialPurposeLetter.pdf (39 K...

UNCLASSIFIED////

FYI

Tom Driver  
Education Services Specialist  
US Army Recruiting Battalion-Baltimore  
Ft. Meade, MD 20755

(b) (7)(C), (b) (6)

-----Original Message-----

**From:** Dave Cone [mailto:(b) (6), (b) (7)(C)]  
**Sent:** Tuesday, August 21, 2007 12:21 PM  
**To:** Driver, Clyde Mr GS USAREC; Moore, Calvin Mr GS USAREC  
**Subject:** SpanTran / ARMY Foreign Credential Evaluations - \$50 - One Day Turnaround

Attached is all the necessary including the application, CC form and a sample purpose letter.

A few very important key points to note:

- \* SpanTran is a member of NACES and is officially on the approved list for the ARMY.
- \* Our evaluations for the ARMY only is \$50.
- \* We will turnaround the evaluations within one business day assuming that no verification is required and the requirements for the guidelines attached are met.

We very much understand that with the ARMY you pretty much need everything yesterday which is why we are fully committed to servicing you at a turnaround and price that is by far tops in North America.

# SPANTRAN EDUCATIONAL SERVICES, INC.

7211 REGENCY SQUARE BLVD., SUITE 205 • HOUSTON, TEXAS 77036-3197

Tel: (713) 266-8805 • Fax: (713) 789-6022

www.spantran-edu.org

## SPECIAL PURPOSE LETTER

Date: 8/29/2007

SGT Michael Boyle

U.S. Army Rockville Recruiting Station

611 Rockville Pike Suite 140

Rockville, MD 20852

Name on Application: **Manning, Bradley E**  
Name on Documentation: Manning, Bradley E  
Span Tran Number: 0708-70435  
Social Security No.: XXX-XX(b)  
Date of Birth: 12/17/1987  
Country of Birth: USA  
Document Status: Unattested

Documentation: Certificate, 06-2004, General Certificate of Secondary Education issued by Assessment and Qualifications Alliance; and General Certificate of Secondary Education, 2004 Summer Examination, issued by the Welsh Joint Education Committee

Said documents indicate the following U.S. educational equivalencies:

<u>Yes</u>	Diploma of high-school graduation.
<u>N/A</u>	Completion of less than two years of tertiary transfer credit.
<u>N/A</u>	Completion of two or more years of tertiary transfer credit.
<u>N/A</u>	Associate degree.
<u>N/A</u>	Completion of four or more years of tertiary transfer credit.
<u>N/A</u>	Bachelor's degree or higher.

Prepared by:

*Barbara B Glave*

Barbara B. Glave / JCF

SpanTran Educational Services, Inc.

NOTE: The original of this form, bearing the SpanTran dry seal, is valid for the U.S. Army Rockville Recruiting Station to which it will be mailed; all copies are invalid regardless of the purpose.

**\*\*END OF DOCUMENT - VALID ONLY WITH SPANTRAN DRY SEAL\*\***

• TRANSLATIONS • EDUCATIONAL EQUIVALENCIES •

REGULAR MEMBER, NATIONAL ASSOCIATION OF CREDENTIAL EVALUATION SERVICES, INC.



# YSTYSGRIF GYFFREDINOL ADDYSG UWCHRADD GENERAL CERTIFICATE OF SECONDARY EDUCATION Arholiad Haf 2004 Summer Examination

*Hyn sydd i dystio bod*

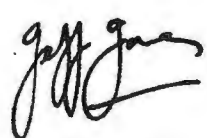
**BRADLEY E MANNING**


*This is to certify that*


**TASKER-MILWARD V.C.SCHOOL, HAVERFORDWEST**

*wedi cyrraedd y safon(au) a nodir yn y testun(au) a ganlyn:  
obtained the result(s) shown in the following nine subject(s):*

=====			
0947/4	ASTUDIAETHAU BUSNES	BUSINESS STUDIES	B (b)
2002/0	SAESNEG	ENGLISH	B (b)
0916/4	HANES	HISTORY	B (b)
0913/9	D&T: SYSTEMAU A THECH. RHEOLI	D&T: SYSTEMS & CONTROL TECHNOLOGY	C (c)
2003/2	LLENYDDIAETH SAESNEG	ENGLISH LITERATURE	C (c)
0951/6	DAEARYDDIAETH	GEOGRAPHY	C (c)
1126/2	MATHEMATEG	MATHEMATICS	C (c)
-----			
0910/2	BYR) / GCSE (SHORT COURSE)	WELSH SECOND LANGUAGE	E (e)
0909/7	CYMRAG AIL IAITH	RELIGIOUS STUDIES	C (c)
=====			

  
CADEIRYDD, CBAC  
CHAIRMAN, WJEC

  
CADEIRYDD, Pwyllgor Arholiadau  
CHAIRMAN, Examinations Committee

  
PRIF WEITHREDWR, CBAC  
CHIEF EXECUTIVE, WJEC





ASSESSMENT and  
QUALIFICATIONS  
ALLIANCE

# General Certificate of Secondary Education

This is to certify that in the examination held in June 2004

**BRADLEY E MANNING** date of birth **17 DECEMBER 1987**

achieved the following result at

**TASKER MILWARD V.C. SCHOOL**

**DOUBLE AWARD COURSE (One (1) Subject)**

**SCIENCE DOUBLE AWARD**

**GRADE B(1bb)**

CENTRE No./CANDIDATE No. 68241/2728/682410022728B

*Mike Cresswell*  
Mike Cresswell

Director General  
on behalf of the Assessment and Qualifications Alliance



**THE UNITED STATES ARMY RECRUITING COMMAND FUTURE SOLDIER PRE-EXECUTION CHECKLIST**

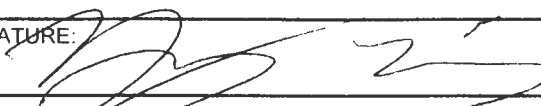
(For use of this form see USAREC Reg 601-95)

1. NAME: Manning, Bradley E	2. SSN: <b>(b) (6), (b)</b>
3. MOS AND OPTION: 35F	4. SHIP DATE: 20071002
5. RECRUITER OR SC: SGT BOYLE, MICHAEL L JR	6. RSID: 1B1A

**SECTION I - MANDATORY SHIP ITEMS AND/OR TASKS**

RECRUITER OR SC INITIALS AND DATE	FUTURE SOLDIER INITIALS AND DATE	ITEM OR TASK
<i>MB20071001</i>	<i>BEM20071001</i>	SF 1199A (Direct Deposit Sign-Up Form) <i>(must have ATM card or checkbook to access account)</i>
<i>MB20070429</i>	<i>BEM20070929</i>	Establish AKO account <i>(Future Soldier will maintain password)</i> Username: <u>Bradley.manning</u> <u>60army00!!</u>
<i>MB20070929</i>	<i>BEM20070929</i>	USAREC Form 1134 (United States Army Future Soldier Training Program ID Card) (AKO username and password affixed to back of card)
<i>MB20070929</i>	<i>BEM20070929</i>	Pass physical fitness assessment Push-ups                      Repetitions: <u>19</u> <input checked="" type="checkbox"/> Go <input type="checkbox"/> No-Go Sit-ups                              Repetitions: <u>21</u> <input checked="" type="checkbox"/> Go <input type="checkbox"/> No-Go Run                                      Time: <u>7:04</u> <input checked="" type="checkbox"/> Go <input type="checkbox"/> No-Go
<i>MB20070327</i>	<i>BEM20070929</i>	Register for SMART ( <a href="http://www.futuresoldiers.com/html/referrals.jsp">www.futuresoldiers.com/html/referrals.jsp</a> )
<i>MB20070129</i>	<i>BEM20070929</i>	Future Soldier has all items on packing list <i>(no more, no less)</i>
<i>MB20070929</i>	<i>BEM20070929</i>	Current and valid Driver's License: <u>M63209K189967</u> Expiration Date: <u>2/15/2009</u>
_____		DA Form 5500-R (Body Fat Content Worksheet (Male)) or DA Form 5501-R (Body Fat Content Worksheet (Female)) <i>(if applicable)</i>
_____		Regular Army and Reserve Components Referral (see sec III) <i>(if applicable)</i>
<i>MB20070929</i>	<i>BEM20070929</i>	Transportation to MEPS verified
_____		Marriage license <i>(if applicable)</i>
<i>MB20070929</i>	<i>BEM20070929</i>	Birth certificates <i>(if applicable)</i>
<i>MB20070929</i>	<i>BEM20070929</i>	Diploma <i>(if applicable)</i>
_____		Other documents, including MOS specific <i>(if applicable)</i> _____
_____		Other documents, including MOS specific <i>(if applicable)</i> _____

NOTES:

FUTURE SOLDIER SIGNATURE: 	DATE: <u>20070929</u>
---	-----------------------

I have reviewed the above Future Soldier's qualifications and hereby confirm and verify the readiness of this Future Soldier for initial entry training. All mandatory documents are present and have been viewed by myself. All mandatory tasks have been completed.

RECRUITER OR STATION COMMANDER TYPED NAME AND SIGNATURE: <u>Sgt Boyle, Michael</u> 	DATE: <u>20070929</u>
--	-----------------------

**SECTION II - PRE-BASIC TRAINING TASK LIST**

SHORT-TERM TASKS:	GO OR NO-GO AND DATE OF COMPLETION
MAKE REFERRAL <i>(not required task, recommended) (referral entered into sec III)</i>	/
MILITARY TIME	/
<b>DRILL AND CEREMONIES</b>	
● Execute the position of attention	/
● Execute the hand salute; know who and when to salute	/
● Execute rest positions	/
● ● Parade rest	/
● ● At ease	/
● ● Stand at ease	/
● ● Rest	/
● Execute facing movements at the halt	/
● ● Right face	/
● ● Left face	/
● ● About face	/
● Marching	/
● ● Forward march	/
● ● Half step	/
● ● Change step	/
● ● Column left	/
● ● Column right	/
● ● Halt	/
<b>RECITE GENERAL ORDERS</b>	
● First general order	/
● Second general order	/
● Third general order	/
<b>IDENTIFY RANK STRUCTURE</b>	
● Enlisted	/
● Officer (commissioned and warrant)	/
<b>RISK ASSESSMENT</b>	
● Complete risk assessment scenarios using USAREC Form 1249 (Risk Management Worksheet)	/
<b>PHONETIC ALPHABET</b>	
● Know and pronounce phonetic alphabet	/
<b>ARMY VALUES AND HISTORY</b>	
● Army values and history test	/
<b>LAND NAVIGATION</b>	
● Identify terrain features on a map	/
● Determine the grid coordinates of a point on a military map	/
● Measure distance on a map	/
<b>LONG-TERM TASKS:</b>	
<b>ARMY PHYSICAL FITNESS TEST (APFT)</b> <i>(Applicant must achieve 60 points each event and all APFT events must be completed same day. Events must be performed to standards outlined in FM 21-20, Physical Fitness Training.)</i>	
● Push-ups      Repetitions:      Points:	/
● Sit-ups      Repetitions:      Points:	/
● 2-mile run      Time:      Points:	/
<b>REFERRAL ENLISTMENT</b>	
● Referral enlists <i>(not required task, recommended) (complete referral's information in sec III)</i>	/
<p>* SCORE SOLDIER A GO IF HE OR SHE PERFORMS THE TASK SUCCESSFULLY (SUSTAINMENT TRAINING IS REQUIRED DURING ALL SUCCEEDING MONTHS).                  * SCORE SOLDIER A NO-GO IF HE OR SHE FAILS ONE OR MORE AREAS AND WHEN THE INSTRUCTOR IS UNABLE TO CORRECT THE DEFICIENCY ON THE SPOT (RETRAINING REQUIRED AT NEXT MILITARY FORMATION).                  * GO REQUIRED WITH DATE ON ALL TASKS EXCLUDING REFERRAL TASKS FOR SECTION II TO BE COMPLETE.</p>	
STATION COMMANDER'S TYPED NAME AND SIGNATURE:	DATE:
NOTES:	
COMMANDING OFFICER'S TYPED NAME AND SIGNATURE:	DATE:

SPOT  
 ID  
 NO  
 P  
 R  
 N  
 A  
 W





*Manning*

(b) (6), (b) (7)(C)

USMEPCOM ACCESSION VERIFICATION PACKET REGULAR ARMY/LEFT SIDE (For use, see USMEPCOM Reg 601-23)		FOR OFFICIAL USE ONLY Page 1 of 2 Pages	
		SUB-PACKET NUMBER	
DOCUMENTS		1	2
<input checked="" type="checkbox"/>	Orders and any amendments	O/cy	7cy
<input checked="" type="checkbox"/>	DD Form 2808 (Report of Medical Examination) with waiver documents, if applicable, and all Medical supporting documents from consults etc..	O	cy
<input checked="" type="checkbox"/>	DD Form 2807-1 (Report of Medical History)	O	cy
<input checked="" type="checkbox"/>	Audiogram	O	NA
<input checked="" type="checkbox"/>	USMEPCOM Form 40-1-2-R-E (Report of Medical Examination/Treatment)	O/cy	NA
<input checked="" type="checkbox"/>	DD Form 2807-2 (Medical Prescreen of Medical History)	O	NA
<input checked="" type="checkbox"/>	USMEPCOM Form 40-8-1-R-E (HIV Antibody Testing Acknowledgment)	O/cy	NA
<input checked="" type="checkbox"/>	DD Form 2005 (Privacy Act Statement-Health Care)	O/cy	NA
<input checked="" type="checkbox"/>	DD Form 1966-series (Record of Military Processing-Armed Forces of the United States)	cy	O
<input checked="" type="checkbox"/>	DD Form 4-series (Enlistment/Reenlistment Document-Armed Forces of the United States)	cy	O
<input checked="" type="checkbox"/>	USMEPCOM PCN 680-3ADP (See para. 8-8 if not available)	O	NA
<input checked="" type="checkbox"/>	SF 86 (Questionnaire for National Security Positions) or EPSQ printout version and SF 86A (Continuation Sheet for Questionnaires SF 86, SF 85P, and SF 85)	cy	cy
<input checked="" type="checkbox"/>	ENTNAC Results/DIS Form 1 (Report of National Agency Check) (manual ENTNAC/NAC)	O	NA
<input checked="" type="checkbox"/>	USMEPCOM Form 601-23-5-R-E (Introductory Pre-accession Interview) note 3	cy	cy
<input checked="" type="checkbox"/>	USMEPCOM Form 601-23-4-E (Restrictions on Personal Conduct in the Armed Forces)	O	cy
<input checked="" type="checkbox"/>	USMEPCOM Form 40-8-R-E (Drug and Alcohol Testing Acknowledgment)	O/cy	NA
<input checked="" type="checkbox"/>	DD Form 214 (Certificate of Release or Discharge from Active Duty), or NGB Form 22 (Report of Separation), DD Form 215, (Correction to DD Form 214) and/or DD Form 220 (AD Rpt), REDD Report, discharge certificate or similar document)**	cy	O
<input checked="" type="checkbox"/>	DD Form 368 (Request for Conditional Release)**	O	cy
<input checked="" type="checkbox"/>	DD Form 369 (Police Record Check)**	cy	NA
<input checked="" type="checkbox"/>	DD Form 372 (Request for Verification of Birth)**	O	cy
<input checked="" type="checkbox"/>	DOD Form 1304.12-K (ASVAB Scoring Worksheet)**	O	NA
<input checked="" type="checkbox"/>	DD Form 2366 (Montgomery GI Bill (MGIB) Act of 1984)	3cy	O
<input checked="" type="checkbox"/>	SF 1199A (Direct Deposit Program Form)	O	NA
<input checked="" type="checkbox"/>	DD Form 93 (Record of Emergency Data)	O/cy	NA

NOTE: Place a check mark in the block to the left of the documents for documents that are required and included.  
Place an "NA" in the block to the left of the documents for documents that are not required.  
Place an "NP" in the block to the left of the documents for documents that are not provided.

The Inclusion/Sequence of Checklist Verified By

*[Handwritten Signature]*

*Giana Lewis*

USMEPCOM Rep Signature

Printed Name of USMEPCOM Rep

## REGULAR ARMY ADDRESSES AND NOTES

### TABLE 8-1

Page 2 of 2 Pages

#### PACKET NUMBER

- 1 AG Battalion (Reception) /First Duty Station
- 2 Enlistee (Applicants will receive their documents before they depart the MEPS)

**NOTE:** MIRS produced forms will be on plain white bond paper via laser printer. Reproduction of MIRS laser printed forms will not be used as an original. Follow DD Form 4 copy guidance in Chapter 5.

#### LEGEND

- \*\* denotes a document that is distributed "if applicable"
- O denotes an original, "cy" denotes a copy,
- O/cy means that an original and copy can be included in the packet
- 2cy denotes 2 copies
- cy2 denotes copy 2
- NA means that distribution is not required

#### NOTES:

1. \*\* if applicable.
2. Shipping of applicants will not be delayed due to non-receipt of Service unique forms and/or documents.
3. USMEPCOM Form 601-23-5-R-E is not required for reservists or National Guard.

**REGULAR ARMY ADDRESSES AND NOTES**  
**TABLE 8-1**

Page 2 of 2 Pages

**PACKET NUMBER**

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**NOTES:**

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1A

**STATEMENT OF UNDERSTANDING  
PROHIBITED ACTIVITIES BETWEEN RECRUITING PERSONNEL AND  
FUTURE SOLDIER PROGRAM MEMBERS**

(For use of this form see USAREC Reg 601-95)

1. I understand that the U.S. Army strictly prohibits any social activity of a personal, unofficial nature between U.S. Army Recruiting Command personnel and members of the Future Soldier Program. Prohibited activities include:

- a. Any type of romantic or sexual conduct.
- b. Sharing of lodging.
- c. Sharing of a personal vehicle.
- d. Drinking of alcoholic beverages.
- e. Personal employment, such as babysitting and maintenance work.
- f. Exchange of money; to include loaning, giving, receiving, or borrowing.
- g. Exchange of personal property; to include selling, purchasing, leasing, giving, receiving, loaning, and borrowing.


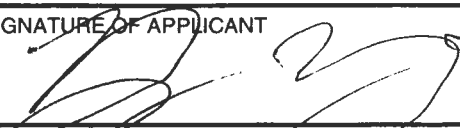
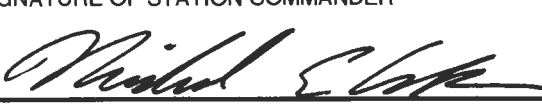


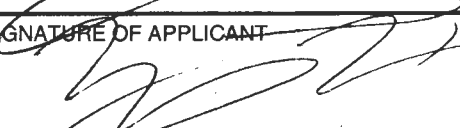
2. I understand that Future Soldier Program functions are official in nature and are not considered personal, social activity; therefore, the above rules still apply to those functions.

3. I understand that if I become aware of any recruiting personnel violating any of these rules, I will report it immediately to the Battalion Executive Officer whose name and telephone number are:

\_\_\_\_\_  
 MAJ Ramos-Rivera / \_\_\_\_\_  
 Name Telephone Number

4. I understand that between recruiting personnel and Future Soldiers there will be no sex, no dating, no sleepovers, no sharing of property, no drinking of alcohol, no financial deals, no improper touching, no profane language, no verbal sexual suggestions, and no sexual harassment.

**AUTHENTICATION**

SIGNATURE OF RECRUITER 	SIGNATURE OF APPLICANT 	DATE 8/28/07
SIGNATURE OF STATION COMMANDER 	SIGNATURE OF APPLICANT 	DATE 8/28/07
SIGNATURE OF COMPANY LEADERSHIP TEAM 	SIGNATURE OF APPLICANT 	DATE 8/28/07

# Transmission Log

Tuesday, 2007-08-28 15:29

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2007-08-28	15:28	SCAN	01079	0:18	24000	14107615228	1	OK -- V.34 1M31

<b>POLICE RECORD CHECK</b>				1. DATE OF REQUEST (YYYYMMDD) 20061101		Form Approved OMB No. 0704-0007 Expires Oct 31, 2006	
<p>The public reporting burden for this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0007). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p><b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS SHOWN AT BOTTOM OF FORM.</b></p>							
SECTION I - (To be completed by Recruiting Service)							
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) DOE, JOHN CHARGES CITY/COUNTY/STATE CHARGES A FEE			3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. PLACE OF BIRTH a. CITY AVON PARK b. COUNTY HIGHLANDS c. STATE FL		
5. DATE OF BIRTH (YYYYMMDD) 19810505		6.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input checked="" type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN		6.b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO		7. SOCIAL SECURITY NUMBER (b) (6)	
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block) a. NUMBER AND STREET (include apartment no.) 33 ELM STREET				b. CITY ROCKVILLE		c. STATE MD	
		d. ZIP CODE 20852		9. DATES RESIDED AT THIS ADDRESS a. FROM (YYYYMMDD) 20060103		b. TO (YYYYMMDD)	
10. PERSON MAKING THIS REQUEST							
a. NAME (Last, First, Middle Name(s)) BASLER, MICHAEL			b. RANK SFC		c. SIGNATURE		d. TITLE U.S. ARMY RECRUITER
SECTION II - (To be completed by Applicant)							
PRIVACY ACT STATEMENT							
<p>AUTHORITY: Title 10 United States Code, Sections 504, 505, 506, and 12102; E.O. 9397.          PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.          ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD.          DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.</p> <p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 369 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>							
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.				SIGNATURE			
SECTION III - (To be completed by Police or Juvenile Agency)							
The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.							
12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?) The following agency charges a \$18.00 fee, for arrest/conviction information, letter on file at the Balt. Rctg. Bn dated 16 May 05. Maryland State Police.							
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.							
14. DATE (YYYYMMDD) 20061104		15. TITLE U.S. ARMY RECRUITER			16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO: Maryland State Police 1201 Reisterstown Road Pikesville, MD 21208				RECRUITING AGENCY MAIL FROM: ROCKVILLE RECRUITING STATION 611 ROCKVILLE PIKE ROCKVILLE, MD 20852			

# Transmission Log

Tuesday, 2007-08-28 15:29

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2007-08-28	15:28	SCAN	01079	0:18	24000	14107615228	1	OK -- V.34 1M31

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SECTION I - (To be completed by Recruiting Service)							
2. NAME OF APPLICANT (Last, First, Middle Name(s), Alias) DOE, JOHN CHARGES CITY/COUNTY/STATE CHARGES A FEE			3. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		4. PLACE OF BIRTH a. CITY AVON PARK b. COUNTY HIGHLANDS c. STATE FL		
5. DATE OF BIRTH (YYYYMMDD) 19810505		6.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> (1) AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> (2) ASIAN <input checked="" type="checkbox"/> (3) BLACK OR AFRICAN AMERICAN <input type="checkbox"/> (4) WHITE <input type="checkbox"/> (5) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			6.b. ETHNIC CATEGORY <input type="checkbox"/> (1) HISPANIC OR LATINO <input checked="" type="checkbox"/> (2) NOT HISPANIC OR LATINO		7. SOCIAL SECURITY NUMBER <b>(b) (6)</b>
8. ADDRESS IN ADDRESSEE'S JURISDICTION (See "MAIL TO" block) a. NUMBER AND STREET (include apartment no.) <b>(b) (6), (b)</b>						b. CITY ROCKVILLE	
c. STATE MD		d. ZIP CODE 20852		9. DATES RESIDED AT THIS ADDRESS a. FROM (YYYYMMDD) 20060103		b. TO (YYYYMMDD)	
10. PERSON MAKING THIS REQUEST							
a. NAME (Last, First, Middle Name(s)) BASLER, MICHAEL			b. RANK SPC		c. SIGNATURE		d. TITLE U.S. ARMY RECRUITER
SECTION II - (To be completed by Applicant)							
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: Title 10 United States Code, Sections 504, 505, 508, and 12102; E.O. 9397.</p> <p>PRINCIPAL PURPOSE: To determine eligibility of a prospective enlistee in the Armed Forces of the United States.</p> <p>ROUTINE USES: Information collected on this form may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation or order; to any component of the Department of Justice for the purpose of representing the DoD.</p> <p>DISCLOSURE: Voluntary; however, failure of the applicant to complete Section II may result in refusal of enlistment in the Armed Forces of the United States.</p> <p>The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this DD Form 389 may be punishable by fine or imprisonment or both. All information provided by you, which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial and administrative proceedings, etc.</p>							
11. I HEREBY CONSENT TO RELEASE FROM YOUR FILES THE INFORMATION REQUESTED BELOW.				SIGNATURE			
SECTION III - (To be completed by Police or Juvenile Agency)							
<p>The person described above, who claims to have resided at the address shown above, has applied for enlistment in the Armed Forces of the United States. Please furnish from your files the information relative to Section III below. A return envelope is provided for your convenience.</p>							
12. HAS THE APPLICANT A POLICE OR JUVENILE RECORD, TO INCLUDE MINOR TRAFFIC VIOLATIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If YES, what was the offense or charge, date, disposition and sentence?) The following agency charges a \$18.00 fee, for arrest/conviction information, letter on file at the Balt. Retg. Bn dated 16 May 05. Maryland State Police.							
13. IS APPLICANT NOW UNDERGOING COURT ACTION OF ANY KIND? (If YES, give details.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
THIS IS TO CERTIFY THAT THE ABOVE DATA AS CORRECTED ARE TRUE AND CORRECT ACCORDING TO THE RECORD ON FILE IN THIS OFFICE. THIS INFORMATION IS CONFIDENTIAL AND CANNOT BE USED IN ANY OTHER MANNER EXCEPT FOR OFFICIAL PURPOSES.							
14. DATE (YYYYMMDD) 20061104		15. TITLE U.S. ARMY RECRUITER			16. VERIFIED BY (Signature)		
LAW ENFORCEMENT AGENCY MAIL TO: Maryland State Police 1201 Reisterstown Road Pikesville, MD 21208				RECRUITING AGENCY MAIL FROM: ROCKVILLE RECRUITING STATION 611 ROCKVILLE PIKE, S ROCKVILLE, MD 20850			

# Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent agency is TRADOC

NAME (LAST, FIRST MIDDLE) *Wanning Rowley E*  
 SSN *00000000*  
 GENDER *M*  
 UNIT *Rockhill RS*

TEST ONE				TEST TWO				TEST THREE				TEST FOUR			
DATE	GRADE	AGE	HEIGHT (IN)	GRADE	AGE	HEIGHT (IN)	GRADE	AGE	HEIGHT (IN)	GRADE	AGE	HEIGHT (IN)	GRADE	AGE	
<i>20070421</i>	<i>E-1</i>	<i>19</i>													
BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION		BODY COMPOSITION	
WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO	WEIGHT:	GO / NO-GO
<i>165</i> lbs	<input checked="" type="checkbox"/>														
BODY FAT:		BODY FAT:		BODY FAT:		BODY FAT:		BODY FAT:		BODY FAT:		BODY FAT:		BODY FAT:	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	
<i>19</i>	<i>MB</i>	<i>60</i>													
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	
<i>21</i>	<i>MB</i>	<i>60</i>													
ZMRRAW SCORE	INITIALS	POINTS	ZMRRAW SCORE	INITIALS	POINTS	ZMRRAW SCORE	INITIALS	POINTS	ZMRRAW SCORE	INITIALS	POINTS	ZMRRAW SCORE	INITIALS	POINTS	
<i>7:05</i>	<i>MB</i>	<i>60</i>													
ALTERNATEAEROBICEVENT	EVENT	TOTAL POINTS	ALTERNATEAEROBICEVENT	EVENT	TOTAL POINTS	ALTERNATEAEROBICEVENT	EVENT	TOTAL POINTS	ALTERNATEAEROBICEVENT	EVENT	TOTAL POINTS	ALTERNATEAEROBICEVENT	EVENT	TOTAL POINTS	
		<i>60</i>													
TIME	GO	NO-GO	TIME	GO	NO-GO	TIME	GO	NO-GO	TIME	GO	NO-GO	TIME	GO	NO-GO	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE						
<i>[Signature]</i>															
COMMENTS			COMMENTS			COMMENTS			COMMENTS						
<i>PFA</i>															

**SPECIAL INSTRUCTION: USE INK**  
 LEGEND: PU - PUSHUPS      2MR - 2 MILLERUN  
 SU - SITUPS      APFT - ARMY PHYSICAL FITNESS TEST

**Data Required by the Privacy Act of 1974**  
 Title DA Form 705  
 Authority 5 USC Section 301  
 Disclosure of requested information is mandatory.

Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.



**\*\*\*FOR OFFICIAL USE ONLY\*\*\***

**MODIFIED AUTOMATED DA FORM 5286-R  
INDIVIDUAL TRAINING RECORD FOR BASIC COMBA TRAINING  
BASIC COMBAT TRAINING (BCT)/ONE STATION UNIT TRAINING (OSUT)/  
ADVANCED INDIVIDUAL TRAINING (AIT)  
(FOR USE OF THIS FORM SEE TRADOC REG 350-6; PROPONENT IS TRADOC)**

NAME: (LAST, FIRST, MI): PVT Bradley J. Manning SSN (b) (6), (b) (7)

ORGANIZATION: **C Co 2 - 10 IN** INSTALLATION: Fort Leonard Wood, MO

NEW START:

<u>UNIT</u>	<u>DATE</u>	<u>TRAINING WEEK</u>	<u>REASON</u>
-------------	-------------	----------------------	---------------

CONSTRUCTIVE CREDIT GIVEN/DATE:

REASON:

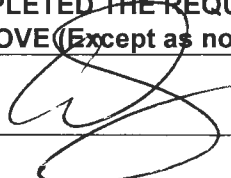
POI SUBJECTS TRAINED / TESTED: BASIC COMBAT TRAINING

<b>BCT / OSUT PHASE I - III REQUIREMENTS:</b>	<b>DATE COMPLETED / SCORE</b>
---	-------------------------------

(1) Pass the APFT -- 150 points minimum (50 per event)	8 Mar 08
<b>RAW      POINTS</b>	
Pushups:	SEE PT CARD      GO
Situps:	SEE PT CARD      GO
Run:	SEE PT CARD      GO
(2) Qualify with individual weapon:	
a. Convoy Live Fire	21 Feb 08      GO
b. MDF 1/2/3	13 Mar 08      GO
c. All BTT events to include BTT 4	17 Mar 08      GO
d. Arm 1-4	28 Feb 08      GO
d. Arm 1-4	29 Feb 08      GO
(3) Complete Obstacle and Confidence	YES      GO
a. Confidence Tower:	30 Jan 08      GO
b. Confidence Obstacle	1 Feb 08      GO
c. Conditioning Obstacle Course:	20 Mar 08      GO
(4) Complete Bayonet Training:	25 Feb 08      GO
(5) Complete Pugil Training	25 Feb 08      GO
(6) Complete Hand to Hand Training	21 Mar 08      GO
(7) Throw two live Hand Grenades:	27 Feb 08      GO
(8) Negotiate the Hand Grenade Qualification	NA      GO
(9) Complete the Protective Mask Confidence	8 Feb 08      GO
(10) Demonstrate understanding of and willingness to live the Army's seven core	YES      GO
(11) Demonstrate capability to operate effectively as a team	YES      GO
(12) Complete all required foot and tactical road	10K- 17 Mar 08      GO
(13) Complete all required Tactical Field Training and	YES      GO
Field Training Exercises (FTX)      FTX 1      FTX 2      FTX 3	FTX 3-14 Mar 08      GO
(a) All STX Training 1-6	14 Mar 08      GO
(14) Receive training to standard in all mandatory	YES      GO

**INDIVIDUAL HAS SATISFACTORILY COMPLETED THE REQUIRMENTS OF THE TRAINING PROGRAM NOTED ABOVE (Except as noted on this form)**

Signature of Training Officer  
**Alexandre E. Weis, CPT CM**



Date  
**3 Apr 08**

C-2-10

133

4

DATE: 2008/01/15 13:56:44  
DODAAC: W58CEV

CENTRAL ISSUE FACILITY - FORT LEONARD WOOD  
GENERIC WORKSHEET

PAGE 1 OF 1  
CIF CODE: NW4500

SSN/PID: (b) (6), (b) (7)(C)

NAME: MANNING, BRADLEY E

RANK: PUT

UIC: \_\_\_\_\_

MENU: ACH - ACH WINTER

ST	LIN	NOMENCLATURE	AU	PCS	ISSUE					TOTAL
					TRANS	SIZE	CIC	CCA	CCB	
1	B13907	BAG BARRACKS: COTTON	1	N	---	---	---	1	1	
1	B14729	BAG DUFFEL: NYLON DUC	1	N	---	---	---	1	1	
1	P17415	PONCHO WET WEATHER: C	1	N	---	---	---	1	1	
2	P05813	PARKA: WET WEATHER WO	1	N	S	---	---	1	1	
2	T38070	TROUSERS: WET WEATHER	1	N	S	---	---	1	1	
3	YY1596	COAT JSLIST TRNG	1	N	MS	---	---	1	1	
3	YY1597	TROUSERS JSLIST	1	N	MS	---	---	1	1	
2QT →	C96399	CANTEEN WATER: PLASTI	1	N	---	---	---	1	1	
1QT →	C96536	CANTEEN WATER: PLASTI	2	N	---	---	---	2	2	
2QT →	F30117	COVER WATER CANTEEN:	1	N	---	---	---	1	1	
1QT →	F30391	COVER WATER CANTEEN:	2	N	---	---	---	2	2	
4	F54817	CUP WATER CANTEEN: ST	1	N	---	---	---	1	1	
5	D64043	CASE FIELD FIRST AID	1	N	II	---	---	1	1	
5	N39848	OVERSHOES BOOT COMBAT	1	N	---	---	---	1	1	
6	G39744	GAITER: NECK POLYPROP	1	N	---	---	---	1	1	
6	L70172	LINER COLD WEATHER CO	1	N	J	---	---	1	1	
6	M52555	MITTEN INSERTS: WOOL/	1	N	---	---	---	1	1	
6	M53240	MITTEN SHELLS: COTTON	1	N	---	---	---	1	1	
6	S75621	SWEATER MAN'S: WOOL O	1	N	S	---	---	1	1	
7	B59567	BELT INDIVIDUAL EQUIP	1	N	CA	---	---	1	1	
7	H39835	FIELD PACK: COMBAT NY	1	N	---	---	---	1	1	
7	V02073	VEST: INDIVIDUAL TACT	1	N	---	---	---	1	1	
8	DA1599	COVER, HELMET, UNIVERSA	1	N	SM	---	---	1	1	
8	H53175	HELMET: ADVANCED COMB	1	N	M	---	---	1	1	
9	H90705	FRAME FIELD.PACK: W/S	1	N	---	---	---	1	1	
		SF	1					1		



\*\*\*\* I ACKNOWLEDGE RECEIPT OF THE ITEMS LISTED HEREON. I AM AWARE OF MY RESPONSIBILITY TO MAINTAIN THESE ITEMS IN SERVICEABLE CONDITION AND THAT I MAY BE HELD PECUNIARILY LIABLE FOR ANY ITEMS WHICH ARE LOST OR DAMAGED DUE TO MY NEGLIGENCE OR MISCONDUCT \*\*\*\*

*[Signature]* 25 JAN 2008  
SIGNATURE & DATE

END REPORT

Personal In Nature  
**INDIVIDUAL CLOTHING RECORD**

DA FORM 3078 (IRM Control Panel Version)

**For Official Use Only**

Name: MANNING, BRADLEY EDWARD  
 SSN: (b) (6), (b)  
 Grade: E1  
 Category: R

Issued By: Supply & Services I  
 Authorized By: PAR 4-2, AR 700-84/CTA 50-900  
 Approved By: Denver Williams

CIIP FortLeonard Wood  
 Date Approved: 03/04/2008  
 Roster Number: C21 010  
 Phone Number: 573-596-0286

Type Issue: 1 & 2

Template: PHIAAFW

PGC	Size	Item Description	Authorized	Qty Issued	Total Cost	Prior Issues	Issue Date
00312	small	undershirt, ctn white crewneck	2	2	\$5.20	0	03/04/2008
01672	14 1/2	shirt, man's, quarter length sleeve	2	2	\$25.80	0	03/04/2008
01724	7	beret, man's, black	2	2	\$19.70	0	03/04/2008
01834	6c	gloves, men's and women's	1	1	\$17.40	0	03/04/2008
01941	small	drawers, cold weather	1	1	\$9.15	0	10/04/2007
01942	small	undershirt, cold weather	1	1	\$8.95	0	10/04/2007
02111	38 xshort	coat, all-weather	1	1	\$83.95	0	03/04/2008
02113	2	gloves, men's and women's	1	1	\$15.35	0	10/04/2007
02120	15 x 32	shirt, man's	1	1	\$16.50	0	03/04/2008
02195	30 regular	trousers, men's	2	2	\$71.70	0	03/04/2008
02275	10-13/M	sock liner, poly/nylon, black	7	7	\$6.65	0	10/04/2007
02276	small	drawers, cold weather	1	1	\$10.00	0	10/04/2007
02277	small	undershirt, cold weather	1	1	\$11.55	0	10/04/2007
02303	6 EEE	shoes, men's	1	1	\$36.65	0	03/04/2008
02406	headband new	headband, ground troops	1	1	\$6.72	0	10/04/2007
02601	small	t-shirt, athlete's S/S	3	3	\$18.60	0	10/03/2007
02603	small	t-shirt, athlete's L/S	2	2	\$15.70	0	10/03/2007
02621	sm reg	jacket, pfu	1	1	\$53.05	0	03/04/2008
02622	sm short	pants, pfu	1	1	\$28.15	0	03/04/2008
02624	small	sweat shirt	2	2	\$13.50	0	10/03/2007
02625	small	sweat pants	2	2	\$15.70	0	10/03/2007
02843	37 xshort	coat, man's	1	1	\$95.25	0	03/04/2008
02882	medium	sock, boot green,medium	7	7	\$15.75	0	10/04/2007
02926	7 wide	Boot, Combat, HW	1	1	\$74.35	0	10/04/2007
02943	7 1/2 wide	Boot, Combat, Temp	1	1	\$100.70	0	10/04/2007
02978	xsmall short	trousers, acu	4	4	\$142.80	0	10/04/2007
02979	xsmall xshort	coat,acu	4	4	\$147.20	0	10/04/2007
02980	7 1/8	cap, patrol, army acu	2	2	\$13.60	0	10/04/2007
02982	small	t-shirt, athlete's, sand	7	7	\$31.15	0	10/04/2007
02984	xsht short	pad elbow	1	1	\$1.40	0	10/04/2007
02985	xsht short	pad knee	1	1	\$1.05	0	10/04/2007
02989	SXS	Coat, CW ACU	1	1	\$65.40	0	10/04/2007
03041	40	belt, riggers, sand	1	1	\$3.15	0	10/04/2007
03044	28	drawers, men's sand	7	7	\$12.95	0	10/04/2007
03098	S/2	glove inserts, cold	2	2	\$3.20	0	10/04/2007
03140	medium	trunks, general purp	3	3	\$31.50	0	10/03/2007
10096	necktie	necktie	1	1	\$4.40	0	03/04/2008
10308	bag barracks	bag, barracks	1	1	\$8.84	0	10/03/2007
17241	tag cover ID	cover, id, personnel	1	1	\$0.22	0	10/04/2007
17264	necklace	necklace, id personnel	1	1	\$0.50	0	10/04/2007
17632	bag duffel	bag, duffel	1	1	\$18.00	0	10/04/2007
17668	towel bath	towel, bath	4	4	\$10.00	0	10/03/2007
26095	buckle clip	buckle, clip, end str	1	1	\$4.55	0	03/04/2008
27783	belt trouser	belt, trousers, blk gold clip	1	1	\$2.25	0	03/04/2008
28091	b.o.s collar	insignia, BofS	2	2	\$1.94	0	03/04/2008
29294	one size	cap, synthetic, green	1	1	\$4.55	0	10/03/2007
93664	flag velcro	flag velcro insignia	3	3	\$1.65	0	10/04/2007

Name MANNING, BRADLEY EDWARD  
 SSN (b) (6), (b)  
 Grade E1  
 Category R

Issued By [Redacted] & Services  
 Authorized By: PAR 4-2, AR 700-84/CTA 50-900  
 Approved By Denver Williams

CIIP Fort Leonard Wood  
 Date Approved: 03/04/2008  
 Roster Number: C21 010  
 Phone Number: (b) (6), (b)

Type Issue: 1 & 2  
 Template: PHIAAFW

PGC	Size	Item Description	Authorized	Qty Issued	Total Cost	Prior Issues	Issue Date
-----	------	------------------	------------	------------	------------	--------------	------------

PGC	Size	Item Description	Qty Due	Cost
-----	------	------------------	---------	------

**SOLDIER RESPONSIBILITIES**

- A. You will have in your possession, in a serviceable condition, at all times the items and quantities of Clothing indicated in the issue columns of this form. Safeguard your uniforms at all times.
- B. Retain a copy of this form. you must show proof of nonreceipt for items not issued to you, during initial processing in order to receive these items at a later date.

**EXCHANGES / ALTERATIONS OF MISFIT CLOTHING**

- A. Exchanges or alterations of misfit clothing, after initial issue, must be made within 6 months of date of issue. Misfit footwear must be exchanged with 90 days of issue.
- B. You are discouraged from making unauthorized alterations to these uniforms. Garments that have undergone unauthorized alterations will be replaced at your expense.

**STATEMENT**

I acknowledge that I have received the articles herein, in the quantities indicated, that they are for my own personal use and I will not dispose of them by sale, gift, loan, trade or pledge to unauthorized personnel.

**TOTAL VALUE OF ITEMS ISSUED TO SOLDIER**

Organizational	22.32
Individual	1,264.00
<b>TOTAL</b>	<b>1,286.32</b>

\_\_\_\_\_  
 SIGNATURE OF MEMBER

\_\_\_\_\_  
 DATE

PERSONNEL INFORMATION SHEET  
(Please Print Clearly)

DATA REQUIRED BY THE PRIVACY ACT OF 1974: AUTHORITY: Section 3013, Title 10, usc. PURPOSE: Permanent historical document pertaining to the individual shown thereon during the period of assignment/attachment to this unit. ROUTINE USES: This form provides the unit clerk with personal information which, in conjunction with appropriate source documents, enable the unit clerk to prepare any personnel action on your behalf. COMPLETING THIS FORM IS VOLUNTARY, FAILURE TO DISCLOSE THIS INFORMATION WILL RESULT IN NO DISCIPLINARY ACTION.

NAME (Last, First, Middle) **MANNING, BRADLEY EDWARD** RANK **E1 PVT** SSAN **(b) (6), (b) (7)(C)**

WEIGHT HEIGHT **63 inches** EYES **BLUE** HAIR **BLONDE** BLOOD TYPE **O POS** ETHNIC GROUP/RELIGION **CAUCASIAN, CATHOLIC**

AGE **20** DATE OF BIRTH (Day, Month, Year) **17 DEC 1987** PLACE OF BIRTH **OKLAHOMA CITY, OKLAHOMA** DRIVERS LICENSE?  YES  NO (if yes, which state?) **MARYLAND 2010**

COMPONENT  NG  RA  ER DATE OF ENLISTMENT **2 OCT 2007** NUMBER YEARS **4** ETS DATE **2 OCT 2011** PLACE OF ENTRY ON ACTIVE DUTY (City, State) **BALTIMORE, MD**

DATE OF ENTRY ON ACTIVE DUTY **2 OCT 2007** PRIOR SERVICE (Years) LAST UNIT **RHC, 43d AG BN** NG/ER HOME UNIT

IN CASE OF EMERGENCY NOTIFY (Name, Relationship, Phone Number and Address) **(b) (6), (b) (7)(C)**

STATUS OF PARENTS  Living  Separated  Divorced  Deceased NEXT OF KIN:  Mother  Father (Name and Address) **BRIAN MANNING, (b) (6), (b) (7)(C)**

NAME OF WIFE (First, Maiden and Address) NO. CHILDREN COLLEGE GRAD?  Yes  No (if yes, degree?)

CIVILIAN EDUCATION (Grade completed) **HIGH SCHOOL** ENLISTMENT GUARANTEE **\$24000.00**

(Please Complete Following correctly)

DEP ID DEP ALLOTMENT YOUR ID **YES** SOCIAL SECURITY CARD **YES** DOG TAGS **YES** ALLERGY TAG **N/A**

CIVILIAN SKILLS **TYPING MANAGEMENT, COMPUTERS** WEAR GLASSES NEED GLASSES PHYSICAL DEFECTS (Continue in Remarks)

WORK IN A LEADERSHIP POSITION **MANAGER** DESCRIBE LEADERSHIP POSITION **CINEMA, ~~BAR~~ SHIFT MANAGER, STARBUCKS SHIFT MANAGER**

SIGNED UP FOR AIRBORNE TRAINING PERSONAL PROBLEM (Continue in Remarks)

REMARKS (Continue on Reverse)

DATE **22 JAN 2008** SIGNATURE *[Signature]*

# Personal Data Sheet

**AUTHORITY:** Title 5 USC, Section 301 (1970)

**PURPOSE:** Temporary supplemental document of SIDPERS- Personal Data Card pertaining to the individual during period of assignment for Basic Combat Training

**ROUTINE USES:** This form provides units with personal background information which enables the unit to screen the soldier for potential problems, used in recording of other personnel management data not otherwise shown elsewhere, Voluntary disclosure of SSN is to properly identify the individual. This information will not be released to 3<sup>rd</sup> parties.

**MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT OF FAILURE TO PROVIDE INFORMATION**

**VOLUNTARY:** Lack of information or only partial information will hinder the unit's ability to aid the trainee if problems arise and the cadre is unaware of any background information.

**Print in Black Ink Only For all dates use this format dd/mmm/yy (02 Feb 02)**

<b>MANNING, BRADLEY EDWARD</b> Name: (Last, First, Middle)	<b>PUT</b> Rank	<b>(b) (6), (b) (7) (C)</b>	Charlie Co 82 <sup>d</sup> Chem BN, 3 <sup>d</sup> Chem BDE 451 Colorado Ave, Unit 32 Fort Leonard Wood, Mo 65473	<b>4<sup>th</sup></b> Platoon
<b>UNITED STATES</b> <b>OKLAHOMA</b> Country and State of Birth	<b>(b) (6), (b) (7) (C)</b> Permanent Address	<b>FATHER</b> Who raised you	<b>(b) (6), (b) (7) (C)</b> Home phone number	

<b>(b) (6), (b) (7) (C)</b>	<b>FATHER</b> NOK relationship	<b>(b) (6), (b) (7) (C)</b> NOK phone number
-----------------------------	-----------------------------------	---

Married Y <input checked="" type="radio"/> N <input type="radio"/>	Children Y <input checked="" type="radio"/> N <input type="radio"/>	Child Support Y <input checked="" type="radio"/> N <input type="radio"/>	Marital Status: <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Separated
--	---	--	--

Dependents Names/Ages/Relationship **N/A**

BASD: <b>02 OCT 2009</b>	Blood Type: <b>O POSITIVE</b>	Gender: <b>MALE</b>	Arrival Date: <b>05 OCT 2009</b>	Date of Rank: <b>02 OCT 2009</b>	Date of Birth: <b>17 DEC 2007</b>
ETS: <b>01 OCT 2011</b>	Drivers license: <input checked="" type="radio"/> N <input type="radio"/> Y State of issue: <b>MARYLAND</b>	Component: <b>RA/ING/AR</b>	Prior MOS: <b>N/A</b>	US Citizen <input checked="" type="radio"/> N <input type="radio"/> Y Country: <b>N/A</b>	Hobbies: <b>N/A</b>
Previous Job: <b>STARBUCKS</b>	Security Clearance: <del>XXXXXXXXXX</del> <b>NO</b>	MEPS Station: <b>BALTIMORE</b>	Race: <b>WHITE</b>	Religion: <b>ROMAN CATH</b>	Vegetarian: Y <input checked="" type="radio"/> N <input type="radio"/>

Height: <b>62 inch</b>	Weight: <b>102 lbs</b>	Hair Color: <b>Blond</b>	Eye Color: <b>BLUE</b>	Tattoos: Y <input checked="" type="radio"/> N <input type="radio"/>	Allergies: Y <input checked="" type="radio"/> N <input type="radio"/>	What Allergies: <b>N/A</b>
Glasses: Y <input checked="" type="radio"/> N <input type="radio"/>	Op. Inserts: <del>Y</del> <input checked="" type="radio"/> N <input type="radio"/> <b>DEM</b>	Ed Level: <b>GED</b>	HS/Deg: <b>HS</b>	Degree / Credit Hrs: <b>NONE</b>		Military Training: <b>NONE</b>

Split Option: SP1 / SP2 RECLASS <b>NONE</b>	AR / NG State: <b>N/A</b>	National Guard Unit Address: <b>N/A</b>	Guarantees: Ranger / Airborne / Station of Choice Station of Choice: <b>N/A</b>
--	---------------------------	---	--

Do you have your ID Tags	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have Allergy Tags	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have ID Card	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have your Optical Inserts	Y <input checked="" type="radio"/> N <input type="radio"/>

Do you have your Ear Plugs	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have your IET Handbook (Volume I and II)	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have a Flashlight	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have two pair of military glasses	Y <input checked="" type="radio"/> N <input type="radio"/>

Have you ever been assigned to the PTRP	Y <input checked="" type="radio"/> N <input type="radio"/>
Have you ever been assigned to FTU	Y <input checked="" type="radio"/> N <input type="radio"/>
For What event:	

Have you ever served in the military before	Y <input checked="" type="radio"/> N <input type="radio"/>
Did you receive an administrative discharge	Y <input checked="" type="radio"/> N <input type="radio"/>
What type of discharge: ELS/EPTS/CH15/CH13/CH17/OTHER	

Are you a single parent	Y <input checked="" type="radio"/> N <input type="radio"/>
Are you married to another service member	Y <input checked="" type="radio"/> N <input type="radio"/>
Are they your next of kin	Y <input checked="" type="radio"/> N <input type="radio"/>
Are you enrolled in the Married Army Couples Program	Y <input checked="" type="radio"/> N <input type="radio"/>
Have you applied for Joint Domicile	Y <input checked="" type="radio"/> N <input type="radio"/>
Spouses Rank / Name:	<b>N/A</b>
Spouses Duty Station:	<b>N/A</b>
Spouses Unit:	<b>N/A</b>
Spouses SSN:	<b>N/A</b>

Have you ever been convicted of a felony	Y <input checked="" type="radio"/> N <input type="radio"/>
If so for what	
Are there any warrants for your arrest	Y <input checked="" type="radio"/> N <input type="radio"/>
Do you have any unpaid speeding tickets	Y <input checked="" type="radio"/> N <input type="radio"/>

Have you ever been treated in a mental facility	Y <input checked="" type="radio"/> N <input type="radio"/>
If so for what:	
Do you have any diagnosed phobias	Y <input checked="" type="radio"/> N <input type="radio"/>
If so what:	

Did you bring with you a Cellular Phone?	<input checked="" type="radio"/> Y / <input type="radio"/> N	Model: <u>SAMSUNG, UNKNOWN</u>
Did you enroll into the Penn Laundry Program?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any JROTC/ROTC experience?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any family members on Active Duty?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any family members deployed to OIF/OEF?	Y / <input checked="" type="radio"/> N	Explain: _____
Are you enrolled on AKO and what is your username?	<input checked="" type="radio"/> Y / <input type="radio"/> N	Print: <u>UNKNOWN</u>
Did you enroll in TRICARE and what version?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you own a car and did you bring it with you?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any custody issues with your family?	Y / <input checked="" type="radio"/> N	Explain: _____
Are you missing any luggage from your trip to FLW?	Y / <input checked="" type="radio"/> N	Explain: _____

In the Space provided below will be utilized to record information about the soldier, which the chain of command can use to better, evaluate the individual soldier. As a Minimum the following information will be provided:

- Name and Age
- Home city and state
- A little information about yourself and your upbringing
- A little information about you family
- Any personal or emotional problems that you have encountered
- Your reason for joining the military
- Your short term and long term goals during your training

MAURICE BRADLEY POTOMAC MARYLAND AND CRESCENT OKLAHOMA ARE MY HOME TOWNS

I WAS BORN IN OKLAHOMA ~~STATE~~ LIVED THERE UNTIL I WAS 13, THEN I LIVED WITH MY MOTHER IN THE UNITED KINGDOM I CAME BACK IN 2005, and was last living with my Aunt in Potomac Maryland,

I joined the military to sort out the turmoil and mess in my life.

I want to be a better person overall in the short term i.e. more human

Did you bring with you a Cellular Phone?	<input checked="" type="radio"/> Y / <input type="radio"/> N	Model: <u>SAMSON G, UNKNOWN</u>
Did you enroll into the Penn Laundry Program?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any JROTC/ROTC experience?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any family members on Active Duty?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any family members deployed to OIF/OEF?	Y / <input checked="" type="radio"/> N	Explain: _____
Are you enrolled on AKO and what is your username?	<input checked="" type="radio"/> Y / <input type="radio"/> N	Print: <u>UNKNOWN</u>
Did you enroll in TRICARE and what version?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you own a car and did you bring it with you?	Y / <input checked="" type="radio"/> N	Explain: _____
Do you have any custody issues with your family?	Y / <input checked="" type="radio"/> N	Explain: _____
Are you missing any luggage from your trip to FLW?	Y / <input checked="" type="radio"/> N	Explain: _____

In the Space provided below will be utilized to record information about the soldier, which the chain of command can use to better, evaluate the individual soldier. As a Minimum the following information will be provided:

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- Any personal or emotional problems that you have encountered
- Your reason for joining the military
- Your short term and long term goals during your training

MAUNING BRADLEY POTOMAC MARYLAND AND CRESCENT OKLAHOMA ARE MY HOME TOWNS

I WAS BORN IN OKLAHOMA ~~STATE~~ LIVED THERE UNTIL I WAS 13, THEN I LIVED WITH MY MOTHER IN THE UNITED KINGDOM I CAME BACK IN 2005, and was last living with my Aunt in Potomac Maryland,

I joined the military to sort out the turmoil and mess in my life.

I want to be a better person overall in the short term i.e. more human



DEPARTMENT OF THE ARMY  
United States Army Intelligence Center and Fort Huachuca  
Fort Huachuca, Arizona 85613-6000

ORDERS 193-00006

11 July 2008

MANNING BRADLEY E (b) (6), (b) PV2 USAICFH CO D 305TH (STU) (W1E818) Fort  
Huachuca, AZ 85613-6000

The following MOS Action is directed.

Awarded: PMOS 35F1O00YY

Withdrawn: N/A

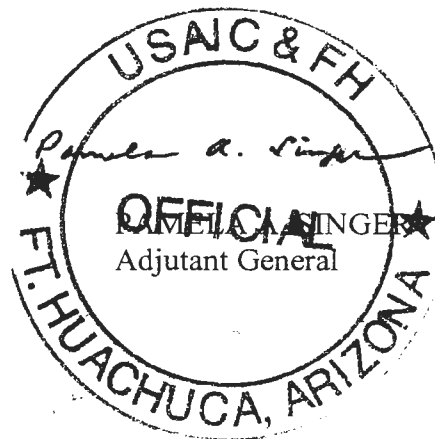
Effective date: 14 AUGUST 2008 or upon completion of MOS training and approval of  
security clearance as required for your MOS IAW DA PAM 611-21.

Reclassification Control Number: N/A

Additional Instructions: (A) You are entitled to an enlistment bonus of \$24,000.00 IAW AR  
610-210, PARA 5-99

Format: 310

FOR THE COMMANDER:



DISTRIBUTION:

IMWE-HUA-HRMR (1)

CDR, USAICFH CO D 305TH (STU) (1)

CDR, USAICFH CO D 305TH (STU) (PAC) (1)

PV2 MANNING BRADLEY E (1)

# Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent agency is TRADOC

NAME (LAST, FIRST MIDDLE)  
**MAWILLIE, BRADY EDWARD**

SSN

GENDER  
**M**

C 2/10th Infantry Regiment

4th Platoon

## TEST ONE

## TEST TWO

## TEST THREE

## TEST FOUR

DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
24 Jun 98	E-1	30				08 Mar 08	E-1	20			
HEIGHT (IN)	BODY COMPOSITION		HEIGHT (IN)	BODY COMPOSITION		HEIGHT (IN)	BODY COMPOSITION		HEIGHT (IN)	BODY COMPOSITION	
WEIGHT: _____ lbs	GO / NO-GO <input type="checkbox"/>	BODY FAT: _____ %	WEIGHT: _____ lbs	GO / NO-GO <input type="checkbox"/>	BODY FAT: _____ %	WEIGHT: _____ lbs	GO / NO-GO <input type="checkbox"/>	BODY FAT: _____ %	WEIGHT: _____ lbs	GO / NO-GO <input type="checkbox"/>	BODY FAT: _____ %
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
31	AK		30	AKS		38	AKS	54			
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
			51	AKS		52	AKS	58			
2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS
751			1714	AK		1519	AK	67			
ALTERNATE AEROBIC EVENT		TOTAL POINTS	ALTERNATE AEROBIC EVENT		TOTAL POINTS	ALTERNATE AEROBIC EVENT		TOTAL POINTS	ALTERNATE AEROBIC EVENT		TOTAL POINTS
EVENT _____			EVENT _____			EVENT _____			EVENT _____		
TIME _____			TIME _____			TIME _____		179	TIME _____		
GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
						<i>Paul Adams</i>					
COMMENTS	1/1/1 Assessment		COMMENTS	Diagnostic APFT		COMMENTS	Record APFT		COMMENTS	Retake record APFT	

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS 2MR - 2 MILE RUN  
 SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST

**Data Required by the Privacy Act of 1974**

Title DA Form 705  
 Authority 5 USC Section 301  
 Disclosure of requested information is mandatory.  
 Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.

# Army Physical Fitness Test Scorecard

For use of this form, see FM 21-20; the proponent agency is TRADOC

NAME (LAST, FIRST MIDDLE)

Manning, Bradley

GENDER

M

UNIT

D Co. 305th MI BN, Ft. Huachuca AZ, 85602

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
1 Jul 08		20									
HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION	
	WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:
	GO / NO-GO	GO / NO-GO		GO / NO-GO	GO / NO-GO		GO / NO-GO	GO / NO-GO		GO / NO-GO	GO / NO-GO
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
75	DD	100									
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
66	DD	81									
ZMR RAW SCORE	INITIALS	POINTS	ZMR RAW SCORE	INITIALS	POINTS	ZMR RAW SCORE	INITIALS	POINTS	ZMR RAW SCORE	INITIALS	POINTS
1317	DD	96									
ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS		ALTERNATE AEROBIC EVENT	TOTAL POINTS	
	277										
TIME	GO	NO-GO	TIME	GO	NO-GO	TIME	GO	NO-GO	TIME	GO	NO-GO
NCOIC/OIC SIGNATURE	NCOIC/OIC SIGNATURE		NCOIC/OIC SIGNATURE	NCOIC/OIC SIGNATURE		NCOIC/OIC SIGNATURE	NCOIC/OIC SIGNATURE		NCOIC/OIC SIGNATURE	NCOIC/OIC SIGNATURE	
<i>Adam Humphreys</i>											
COMMENTS	COMMENTS		COMMENTS	COMMENTS		COMMENTS	COMMENTS		COMMENTS	COMMENTS	

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS

SU - SIT UPS

ZMR - 2 MILE RUN

APFT - ARMY PHYSICAL FITNESS TEST

## Data Required by the Privacy Act of 1974

Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.

Title DA form 705  
Authority 5 USC Section 301  
Disclosure of requested information is mandatory.



**REQUEST AND AUTHORITY FOR LEAVE**

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10.  
The proponent agency is Dossier. (See Instructions on Reverse)

1. CONTROL NUMBER

08-4586

**PART I**

2. NAME (Last, First, Middle Initial) Manning, Bradley E.		3. SSN (b) (6), (b) (7)(C)	4. RANK PV2	5. DATE
6. LEAVE ADDRESS (Street, City, State, ZIP Code and Home No.) (b) (6), (b) (7)(C)		7. TYPE OF LEAVE <input checked="" type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER PCS/LEAVE		8. ORGN, STATION, AND PHONE NO. D CO 305th MI BN FT. Huachuca, AZ 85613 520-533-8875

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED 10	b. REQUESTED 14	c. ADVANCED 4	d. EXCESS	a. FROM 14 AUG 08	b. TO 27 AUG 08

11. SIGNATURE OF REQUESTOR <i>[Signature]</i>	12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <i>[Signature]</i>	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY <i>[Signature]</i> Kate M. Ogilvie, CPT, MI, CMD
--	--	---

14. DEPARTURE		
a. DATE 14 Aug 08	b. TIME 0800	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY SFC Brian H. Madrid Platoon SGT <i>[Signature]</i>

15. EXTENSION		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN		
a. DATE 27 Aug 2008	b. TIME 1145	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY <i>[Signature]</i> Reception

17. REMARKS  
SMIS Authorized 1 Day(s) of travel. In case of an emergency, I will contact my Company at 1-520-533-8875 and then BN Staff Duty at 1-800-533-1533. My travel schedule has been submitted and any changes to my travel schedule will be provided to my unit as promptly as possible.

Chargeable leave is from \_\_\_\_\_ to \_\_\_\_\_

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):  
Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
-------------------	------------------	--------------------------------	-----------------------

**PART III - DEPENDENT TRAVEL AUTHORIZATION**

25.  (Space available or required cash reimbursable)     ONE WAY     ROUND TRIP  
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION

a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

**PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION**

26. DESIGNATION AND LOCATION OF HEADQUARTERS		27. ACCOUNTING CITATION
28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

Office of Personnel Management  
SECURITY CLEARANCE APPLICATION  
Date: 09/26/2007  
Standard Form 86, Sep. 95

EPSQ version 2.2  
O.M.B. No. 3206-0007  
Time: 11:18 AM

Manning, Bradley Edward

SSN: (b) (6), (b) (7)

1. Personal Information

Name: Manning  
Bradley Edward  
Birth Date: 1987/12/17 Sex: MALE  
Place of Birth: Oklahoma City, OK  
County: OKLAHOMA  
UNITED STATES  
Maiden Name:  
Work/Day Phone: Home/Evening Phone: (b) (6), (b) (7)  
Height: 5 - 2 Weight: 101.00 Hair Color: BLOND Eye Color: BLUE

2. Other Names Used

NO Have you ever used or been known by another name?

3. Citizenship

Current Citizenship: U.S. CITIZEN AT BIRTH, NATIVE BORN  
Mothers Maiden Name: (b) (6), (b) (7)(C)

NO Are you now or were you a dual citizen of the U.S. and another country?

Passport Number: Passport Issuance Date: PASSPORT

4. Where You Have Lived

FROM	TO	ADDRESS
1. 2006/07/10	PRES	(b) (6), (b) (7)(C)

Person Who Knows You:  
(b) (6), (b) (7)(C)  
Phone: (b) (6)

NO Is this residence address hard to find?

2. 2006/04/10	2006/07/09	(b) (6)
---------------	------------	---------

Person Who Knows You:

(b) (6), (b) (7)(C)

PL E

Phone: (b) (6)

NO Is this residence address hard to find?

3. 2005/09/10 2006/04/09

(b) (6)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b) (6)

NO Is this residence address hard to find?

4. 2001/11/10 2005/09/09

(b) (6)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b) (6)

NO Is this residence address hard to find?

5. 2000/01/09 2001/11/09

(b) (6)

Person Who Knows You:

(b) (6), (b) (7)(C)

Phone: (b) (6)

NO Is this residence address hard to find?

5. Where You Went To School

YES Have you attended school beyond Junior High School within the last 5 years?

FROM	TO	TYPE/ADDRESS
2001/09/01	2005/06/09	HIGH SCHOOL
Degree/Diploma/Other		WALTER JOHNSON HIGH SCHOOL
HIGH SCHOOL DIPLOMA		6400 Rock Spring Dr
Award Date: 2005/06/09		Bethesda, MD 20814-1913

*Incorrect  
need correction*

Person Who Knows You

(b) (6), (b) (7)(C)

*unknown name*

Phone (b) (6)

2. 2007/01/09 2007/05/10 HIGH SCHOOL

Degree/Diploma/Other

C MILTON WRIGHT HIGH SCHOOL

1301 N FOUNTAIN GREEN RD  
BEL AIR, MD 21015-2505

Award Date:

Person Who Knows You

(b) (6), (b) (7)(C)

Phone: (b) (6)

6. Your Employment Activities

FROM	TO	TYPE OF EMPLOYMENT
------	----	--------------------

1. 2007/01/10 PRES OTHER

Your Position: Barista  
 Employer Name: Starbucks  
 Employer Address: 7911 Tuckerman Lane  
 Potomac, MD 20854  
 Employer Phone: 011 301-765-0556

Supervisor Name:

(b) (6), (b) (7)(C)

Supervisor Phone:

NO Is the job address different from the employer's address?

NO Is the supervisor's address different from the job location address?

PREVIOUS PERIODS OF ACTIVITY:

NO Have you worked for this organization previously?

2. 2006/06/10 2007/01/09 UNEMPLOYMENT (INCLUDE NAME OF PERSON WHO CAN VERIFY)

Your Position: Unemployed  
 Employer Name: (b) (6), (b) (7)(C)  
 Employer Address:  
 Employer Phone:

3. 2006/04/10 2006/06/09 OTHER



**Your Position:** Asst Manager  
**Employer Name:** FYE  
**Employer Address:** 7021 S Memorial Drive  
 Tulsa, OK 74133  
**Employer Phone:** 011 918-252-7399

**Supervisor Name:** (b) (6), (b) (7)(C)  
**Supervisor Phone:** \_\_\_\_\_

NO Is the job address different from the employer's address?  
 NO Is the supervisor's address different from the job location address?

**PREVIOUS PERIODS OF ACTIVITY:**  
 NO Have you worked for this organization previously?

4. 2006/02/10 2006/04/09 OTHER

**Your Position:** Intern Programer  
**Employer Name:** Zoto Inc  
**Employer Address:** 123 Shudson  
 Oklahoma City, OK 73102  
**Employer Phone:** 011 650-641-0108 (b) (6), (b) (7)(C)  
**Supervisor Name:** (b) (6), (b) (7)(C)  
**Supervisor Phone:** \_\_\_\_\_

NO Is the job address different from the employer's address?  
 NO Is the supervisor's address different from the job location address?

**PREVIOUS PERIODS OF ACTIVITY:**  
 NO Have you worked for this organization previously?

5. 2005/09/10 2006/02/09 OTHER

**Your Position:** Server  
**Employer Name:** Incredible Pizza Co  
**Employer Address:** 8314 E 71st  
 Tulsa, OK 74133  
**Employer Phone:** 011 918-294-8671  
**Supervisor Name:** (b) (6), (b) (7)(C)  
**Supervisor Phone:** \_\_\_\_\_

NO Is the job address different from the employer's address?  
 NO Is the supervisor's address different from the job location address?

**PREVIOUS PERIODS OF ACTIVITY:**  
 NO Have you worked for this organization previously?

6. 1997/01/01 2005/09/09 UNEMPLOYMENT (INCLUDE NAME OF PERSON WHO CAN

VERIFY)

Your Position: (b) (6), (b) (7)(C)  
 Employer Name: (b) (6), (b) (7)(C)  
 Employer Address: (b) (6), (b) (7)(C)  
 Employer Phone: (b) (6), (b) (7)(C)

NO Were you in the Federal Civil Service prior to the last 10 years?

7. People Who Know You Well

FROM	TO	REFERENCE NAME/ADDRESS
1. 2000/01/09	PRES	(b) (6), (b) (7)(C) Home Address: (b) (6), (b) (7)(C) Evening Phone: (b) (6), (b) (7)(C)
2. 1993/09/10	PRES	(b) (6), (b) (7)(C) Home Address: (b) (6), (b) (7)(C) Evening Phone: (b) (6), (b) (7)(C)
3. 1993/08/10	PRES	(b) (6), (b) (7)(C) Home Address: (b) (6), (b) (7)(C) Evening Phone: (b) (6), (b) (7)(C)

8. Your Spouse

What is your current marital status? NEVER MARRIED

9. Your Relatives and Associates

RELATIONSHIP	NAME/ADDRESS
1. MOTHER	(b) (6), (b) (7)(C) DOB: (b) (6), (b) (7)(C) POB: UNITED KINGDOM Country of Citizenship: UNITED KINGDOM
2. FATHER	Manning

(b) (6), (b) (7)(C)

DOB: (b) (6), (b) (7)(C)

POB: UNITED STATES

Country of Citizenship: UNITED STATES

3. SISTER

(b) (6), (b) (7)(C)

Casey Manning

(b) (6), (b) (7)(C)

DOB: (b) (6), (b) (7)(C)

POB: UNITED STATES

Country of Citizenship: UNITED STATES

10. Citizenship of Your Relatives and Associates

RELATIONSHIP

NAME

1. MOTHER

DOB: (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Type: OTHER

Citz. Date:

Certificate Number:

Court:

City/State: , null

Comments: Mother is not a citizen

11. Your Military History

NO Have you ever served in the military? (If yes, provide in chronological order your military history: begin with the most recent period and include Reserves, National Guard, Merchant Marines, and Foreign Military Service.)

12. Your Foreign Activities - Property

NO Do you have foreign property, business connections, or financial interests?

13. Your Foreign Activities - Employment

NO Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?

14. Your Foreign Activities - Contact with Foreign Governments

**NO** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (Does not include routine visa applications and border crossing contacts.)

---

### 15. Your Foreign Activities - Passport

**NO** In the past 7 years, have you had an active passport that was issued by a foreign government?

---

### 16. Foreign Countries You Have Visited

**YES** Have you traveled outside the United States on other than official U.S. Government orders in the last 7 years? (Travel as a dependent or contractor must be listed.) Do not repeat travel covered in modules 4, 5, and 6. (Lived, worked, attended school)

FROM/COUNTRY	TO/PURPOSE
1. 1999/08/01 UNITED KINGDOM	2004/08/01 EDUCATION

---

### 17. Your Military Record

**NO** Have you ever received other than an honorable discharge from the military?

---

### 18. Your Selective Service Record

**YES** Are you a male born after December 31, 1959?

**YES** If yes, have you registered with the Selective Service System?

Selective Service Number: (b) (6), (b)

---

### 19. Your Medical Record

**NO** In the last 7 years, have you consulted a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

---

## 20. Your Employment Record

**NO** Has any of the following happened to you in the past 7 years?

- Fired from job,
- Quit a job after being told you'd be fired,
- Left a job by mutual agreement following allegations of misconduct,
- Left a job by mutual agreement following allegations of unsatisfactory performance; or
- Left a job for other reason under unfavorable circumstances

---

## 21. Your Police Record - Felony Offenses

**NO** Have you ever been charged with or convicted of any felony offense? (Include those under the Uniform Code of Military Justice.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

## 22. Your Police Record - Firearms/Explosives Offenses

**NO** Have you ever been charged with or convicted of a firearms or explosives offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

## 23. Your Police Record - Pending Charges

**NO** Are there currently any charges pending against you for any criminal offense? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

## 24. Your Police Record - Alcohol/Drug Offenses

**NO** Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

**25. Your Police Record - Military Court**

**NO** In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (include non-judicial, Captain's mast, etc.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

**26. Your Police Record - Other Offenses**

**NO** In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in modules 21, 22, 23, 24, or 25? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

---

**27. Your Use of Illegal Drugs and Drug Activity-Illegal Use of Drugs**

**NO** Since the age of 16 or in the last 7 years, whichever is shorter, have you illegally used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), phetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?

---

**28. Your Use of Illegal Drugs and Drug Activity-Use in Sensitive Positions**

**NO** Have you EVER illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting public safety?

---

**29. Your Use of Illegal Drugs and Drug Activity - Drug Activity**

**NO** In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?

---

**30. Your Use of Alcohol**

**NO** In the last 7 years has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? Do not repeat information reported in EPSQ Module 19 (Section 21 from the SF86).

---

### **31. Your Investigation Record - Investigations/Clearances Granted**

**NO** Has the United States Government ever investigated your background and/or granted you a security clearance? (If you can't recall the investigating agency and/or the security clearance received, enter (Y) es and follow instructions in the help text for the fields on the next screen. If you can't recall whether you've been investigated or cleared, enter (NO.)

---

### **32. Your Investigation Record - Clearance Actions**

**NO** To your knowledge have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? (Note: An administrative downgrade or termination of a security clearance is not a revocation.)

---

### **33. Your Financial Record - Bankruptcy**

**NO** In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?

---

### **34. Your Financial Record - Wage Garnishments**

**NO** In the last 7 years, have you had your wages garnished for any reason?

---

### **35. Your Financial Record - Repossessions**

**NO** In the last 7 years, have you had any property repossessed for any reason?

---

### **36. Your Financial Record - Tax Lien**

**NO** In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?

---

### **37. Your Financial Record - Unpaid Judgements**

NO In the last 7 years, have you had any judgements against you that have not been paid?

**38. Your Financial Delinquencies - 180 Days**

NO In the last 7 years, have you been over 180 days delinquent on any debt(s)?

**39. Your Financial Delinquencies - 90 Days**

NO Are you currently over 90 days delinquent on any debt(s)?

**40. Public Record Civil Court Actions**

NO In the last 7 years, have you been a party to any public record civil court actions not listed elsewhere on this form?

**41. Your Association Record - Membership**

NO Have you ever been an officer or a member or made a contribution to an organization dedicated to the violent overthrow of the United States Government and which engages in illegal activities to that end, knowing that the organization engages in such activities with the specific intent to further such activities?

**42. Your Association Record - Activities**

NO Have you ever knowingly engaged in any acts or activities designed to overthrow the United States Government by force?

**43. General Remarks**

NO Do you have any additional remarks to enter in your application?

**Co-Subject Report**

RELATIONSHIP

NAME

1. MOTHER

POB: UNITED KINGDOM

(b) (6), (b) (7)(C)



Deceased? NO

Address: (b) (6), (b) (7)(C)

Country of Citizenship: UNITED KINGDOM


---

## UNITED STATES OF AMERICA

After completing Parts 1 and 2 of this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 10.

### Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See Section 1001 of title 18, United States Code).

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Manning, Bradley E	Date Signed 20070926
Social Security Number (b) (6), (b) (7)(C)		

# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

### Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:


Does the person under investigation have a condition or treatment that could impair his/her judgement or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Manning, Bradley E	Date Signed 20070926
Other Names Used	Social Security Number (b) (6), (b) (7)(C)	
Current Address (Street, City) (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C)	ZIP Code (b) (6), (b) (7)(C)
		Home Telephone Number (Include Area Code) (b) (6), (b) (7)(C)

# UNITED STATES OF AMERICA

## AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.


**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

**I Further Authorize** any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in, a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to the question 21.

Signature (Sign in ink) 	Full Name (Type or Print Legibly) Manning, Bradley E	Date Signed 20070926
Other Names Used	Social Security Number (b) (6), (b) (7)(C)	
Current Address (Street, City)	State (b) (6), (b) (7)(C)	ZIP Code (b) (6), (b) (7)(C)
		Home Telephone Number (Include Area Code) (b) (6), (b) (7)(C)

# UNITED STATES OF AMERICA

## CREDIT CHECK AUTHORIZATION

### Fair Credit Reporting Act of 1970, as amended

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U. S. C., §1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the United States Army to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

Manning, Bradley E (Print Name)

(b) (6), (b) (7)(C) (SSN)

[Signature] (Signature)

20070926 (Date)

# ENLISTMENT ELIGIBILITY

(For use of this form see USAREC Reg 601-96)

APPLICANT NAME (LAST, FIRST, MI):

Manning, Bradley E

APPLICANT SSN:

(b) (6), (b) (7)(C)

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10, United States Code, Sections 504, 508, and 12102.

**PRINCIPAL PURPOSE:** To determine eligibility of a prospective enlistee in the United States Army.

**ROUTINE USES:** Information collected on this form will be used to determine eligibility for enlistment into the United States Army. It may be released to law enforcement agencies engaged in the investigation or prosecution of a criminal act or the enforcement or implementation of a statute, rule, regulation, or order, to any component of the Department of Justice for the purpose of representing DOD.

**DISCLOSURE:** Voluntary; however, failure to answer the question may result in refusal of enlistment into the United States Army.

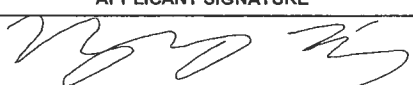

The data are for OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal law and regulations. Making a knowing and willful false statement on this form may be punishable by fine or imprisonment or both. All information provided by you which possibly may reflect adversely on your past conduct and performance, may have an adverse impact on you in your military career in situations such as consideration for special assignment, security clearances, court martial, or administrative proceedings, etc.

All YES answers must be explained completely in the remarks section. If the answers include no additional information than what is listed on the SF 86 (Questionnaire for National Security Positions), write "See SF 86 Item # \_\_\_\_\_" in the space for "NAME AND LOCATION OF LAW ENFORCEMENT AGENCY."

	NAME AND LOCATION OF LAW ENFORCEMENT AGENCY	YES	NO
1.	Have you ever been arrested, charged, cited, held, or detained in any way by any law enforcement agency (to include Juvenile Authorities, Police Officers, Sheriff, Department of Natural Resources, Fish and Game Wardens, military police, etc.) regardless of disposition (whether the case resulted in no charges filed, fine, probation, dismissal, or other disposition)? (This includes traffic tickets.)		X
2.	Have you been told by anyone (judge, lawyer, any Army personnel, family, friends, etc.) that you do not have to list a charge because the charge(s) were dropped, dismissed, not filed, expunged, stricken from the record or were juvenile related?		X
3.	Have you been subject to any type of proceedings under the Uniform Code of Military Justice? (This includes courts martial, Nonjudicial Punishment, Captain's Mast, and Article 15's.)		X
4.	Have you ever been charged with any crime that has not been listed in any of the above questions or asked on the SF 86 (Questionnaire for National Security Positions)?		X

### REMARKS

Use the space below to explain all yes answers that have not been explained in detail on the SF 86 (Questionnaire for National Security Positions)

TYPED NAME OF APPLICANT (LAST, FIRST, MI)	APPLICANT SIGNATURE	DATE (YYYYMMDD)
Manning, Bradley E		20070926
TYPED NAME AND RANK OF RECRUITER (LAST, FIRST, MI)	RECRUITER SIGNATURE	DATE (YYYYMMDD)
Jones, Mark A		20070926

APPLICANT NAME (LAST, FIRST, MI):

Manning, Bradley E

APPLICANT SSN:

(b) (6), (b) (7)(C)

USAREC FORM 1104 - REMARKS CONTINUATION

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DEPARTMENT OF THE ARMY  
United States Army Intelligence Center and Fort Huachuca  
Fort Huachuca, Arizona 85613-6000

2nd Bct

ORDERS 193-00013

11 July 2008

MANNING BRADLEY EDWARD (b) (6), (b) PV2 USAICFH CO D (STU) 305 (W1E818)  
United States Army Intelligence Center and Fort Huachuca, Fort Huachuca, AZ 85613-6000

You will proceed on permanent change of station as shown.

Assigned to: 2<sup>ND</sup> 10<sup>TH</sup> DIV REPL DET (WBDAAB) FT DRUM NY 13602

Reporting date: 14 SEPTEMBER 2008

Additional instructions: (a) Dependents: NO

(b) If you ship personal property at Government expense, contact the Transportation Office at your new duty station immediately after arrival to arrange for delivery.

(c) You are required to report to the Family Housing/Housing Referral Office serving your new duty station before you make housing arrangements for renting, leasing, or purchasing any off-post housing.

(d) Soldier is authorized up to 14 days permissive temporary duty to participate in the Hometown Recruiter Assistance Program if indicated on an approved DA 31 signed by a LTC or above.

(e) You are responsible for reporting to your next duty station/school in satisfactory physical condition, able to pass the Army Physical Fitness Test and meet weight standards.

(f) You will submit a travel voucher for this travel to the custodian of your finance records within 15 days after completion of travel.

(g) Report to building 61820, Davis Hall, room 149 (back entrance), with 15 copies of your PCS orders within 5 days of receipt to arrange for transportation appointments.

(h) Leave data as stated on Department of the Army Form 31.

(i) All Soldiers being reassigned are required to clear through the Housing Office. Soldiers residing in Government quarters are required to report to the Termination Section, Housing Division, Building 1415, Rhea Street, within five days after receipt of this order.

(j) You are to contact commander of gaining organization not later than 10 days after receipt of orders if any special requirements exist for medical, dental, or educational facilities at next duty station.

(k) You are required to forward a DA form 3955 (change of address card) with your new home address to your PERSCOM assignment manager within 30 days of arrival at your new duty.

(l) Travel by privately owned conveyance is authorized from Ft. Huachuca, AZ to new duty station.

(m) Early report date is authorized.

(n) Losing Command/Soldier should ensure transportation arrangements are made to final destination of Watertown Int'l Airport, Watertown, NY.

(o) When a CTO is available but the traveler arranges transportation through a non contract travel agent or common carrier direct purchase, reimbursement is limited to the amount the Government would have paid if the arrangements had been made directly through a CTO.

You will start in-processing on:

Aug 28<sup>th</sup>

0700 - 1200 report to your UNIT

At 1300 report to Clark Hall

Room A1-39



United States Army Intelligence Center and Fort Huachuca

ORDERS 193-00013

11 July 2008

(p) In the event you need emergency assistance (leave extension, change in port call, family travel problems, etc) you should contact the Army travelers' assistance center at (800) 582-5552. Do not contact your losing or gaining unit.

FOR ARMY USE:

Auth: N/A

MDC: 1XE8

En/REENLB indic: NA

PPD: NA

PMOS/SSI: 35F1000YY

Proj specialty: NA

Format: 410

Pers con no: 99200809N090

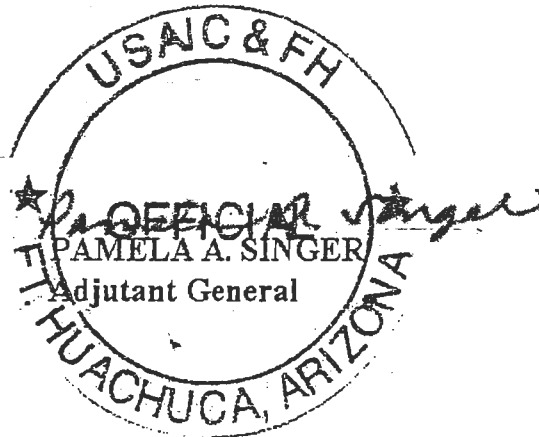
PEBD: NA

Asgd to mgt dsq: 35F1000YY

Con specialty: NA

Pers scty code: NA

FOR THE COMMANDER:



DISTRIBUTION:

IMSW-HUA-HRMR (1)

CDR, USAICFH CO D (STU) 305 (1)

CDR, USAICFH CO D (STU) 305 PAC (1)

CDR, 2<sup>ND</sup> 10<sup>TH</sup> DIV REPL DET FT DRUM NY 13602 (1)

PV2 MANNING BRADLEY EDWARD (1)

United States Army Intelligence Center and Fort Huachuca

ORDERS 193-00013

11 July 2008

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FOR ARMY USE:

Auth: N/A

MDC: 1XE8

Enl/REENLB indic: NA

PPD: NA

PMOS/SSI: 35F1O00YY

Proj specialty: NA

Format: 410

Pers con no: 99200809N090

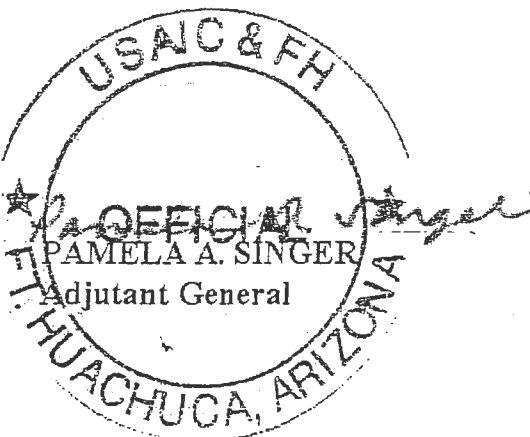
PEBD: NA

Asgd to mgt dsq: 35F1O00YY

Con specialty: NA

Pers scty code: NA

FOR THE COMMANDER:



DISTRIBUTION:

IMSW-HUA-HRMR (1)

CDR, USAICFH CO D (STU) 305 (1)

CDR, USAICFH CO D (STU) 305 PAC (1)

CDR, 2<sup>ND</sup> 10<sup>TH</sup> DIV REPL DET FT DRUM NY 13602 (1)

PV2 MANNING BRADLEY EDWARD (1)

## RECORD OF EMERGENCY DATA

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

#### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

#### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: **Section 1 - Emergency Contact Information** and **Section 2 - Benefits Related Information.** **READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. <b>NAME</b> (Last, First, Middle Initial) MANNING, BRADLEY, E		2. <b>SSN</b> (b) (6), (b) (7)(C)	
3a. <b>SERVICE/CIVILIAN CATEGORY</b> <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR		b. <b>REPORTING UNIT CODE/DUTY STATION</b> WBDAAB	
4a. <b>SPOUSE NAME</b> (If applicable) (Last, First, Middle Initial)  <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
5. <b>CHILDREN</b> a. <b>NAME</b> (Last, First, Middle Initial)	b. <b>RELATIONSHIP</b>	c. <b>DATE OF BIRTH</b> (YYYYMMDD)	d. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER
6a. <b>FATHER NAME</b> (Last, First, Middle Initial) MANNING, BRIAN, E		b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)	
7a. <b>MOTHER NAME</b> (Last, First, Middle Initial) MANNING, SUSAN, M		b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER (b) (6), (b) (7)(C)	
8a. <b>DO NOT NOTIFY DUE TO ILL HEALTH</b>		b. <b>NOTIFY INSTEAD</b>	
9a. <b>DESIGNATED PERSON(S)</b> (Military only)		b. <b>ADDRESS</b> (Include ZIP Code) AND TELEPHONE NUMBER	
10. <b>CONTRACTING AGENCY AND TELEPHONE NUMBER</b> (Contractors only)			



**SECTION 2 - BENEFITS RELATED INFORMATION**

<b>11a. BENEFICIARY(IES) FOR DEATH GRATUITY</b> <i>(Military only)</i> MANNING, BRIAN, E	<b>b. RELATIONSHIP</b> FATHER	<b>c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b> (b) (6), (b) (7)(C)	<b>d. PERCENTAGE</b> 100
--	----------------------------------	--	-----------------------------

<b>12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES</b> <i>(Military only)</i> NAME AND RELATIONSHIP (b) (6), (b) (7)(C)	<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b> (b) (6), (b) (7)(C)	<b>c. PERCENTAGE</b> 100
---	--	-----------------------------

<b>13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)</b> <i>(Military only)</i> NAME AND RELATIONSHIP (b) (6), (b) (7)(C)	<b>b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER</b> (b) (6), (b) (7)(C)
---	--

14. CONTINUATION/REMARKS

<b>15. SIGNATURE OF SERVICE MEMBER/CIVILIAN</b> <i>(Include rank, rate, or grade if applicable)</i> 	<b>16. SIGNATURE OF WITNESS</b> <i>(Include rank, rate, or grade as appropriate)</i> 	<b>17. DATE SIGNED</b> <i>(YYYYMMDD)</i> 20080901
--	--	--

Please read the instructions before completing this form

## Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input checked="" type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage		<b>Important:</b> This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.			
Last name MANNING	First name BRADLEY	Middle name EDWARD	Suf. Suf.	Rank, title or grade PV2	Social Security Number (b) (6), (b) (7)
Branch of Service(Do not abbreviate) Army		Current Duty Location WBDAAB			
<p style="text-align: center;"><b>Amount of Insurance</b></p> <p>By law, you are automatically insured for \$400,000. <b>If you want \$400,000 of insurance</b>, skip to Beneficiary(ies) and Payment Options. <b>If you want less than \$400,000 of insurance</b>, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. <b>If you do not want any insurance*</b>, check the appropriate block below and write (in your own handwriting). "I do not want insurance at this time."</p> <p style="text-align: center;"><b>Declining SGLI coverage also cancels all family coverage under the SGLI program.</b></p> <p style="text-align: center;"><input type="checkbox"/> I want coverage in the amount of \$ _____ Your initials _____</p> <p style="text-align: center;">(Write "I do not want Insurance at this time.")</p> <p><b>*Note:</b> Reduced or refused insurance can only be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.</p>					
<b>Beneficiary(ies) and Payment Options</b>					
I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).					
Complete Name (first, middle, last) and Address of each beneficiary		Social Security Number (If known)	Relationship to you	Share to each beneficiary (Use % \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
Principal (b) (6), (b) (7)(C)			FATHER	100%	LUMP SUM
Contingent					
<b>I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:</b> <ul style="list-style-type: none"> <li>· This form cancels any prior beneficiary or payment instructions.</li> <li>· The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.</li> <li>· If I have legal questions about this form, I may consult with a military attorney at no expense to me.</li> <li>· I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.</li> </ul>					
SIGN HERE IN INK				Date: 20080902	
<b>Do not write in space below. For official use only.</b>					
WITNESSED AND RECEIVED BY:		RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED	
		Pvt	PSDA	20080902	

SGLV-8286 (E)

**DEPLOYMENT CYCLE SUPPORT (DCS) CHECKLIST**

For use of this form, see Army Directive 2007-02; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 10 USC Section 3013, Secretary of the Army; Department of the Army Deployment Cycle Support (SSN). (DCS) Directive; and EO 9397

**PURPOSE:** To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

**DISCLOSURE:** Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

**The Deployment Cycle Support Checklist is filed in the Deployment Packet to complete the action.  
A copy remains at the losing organization .**

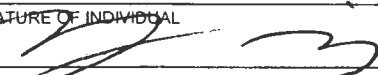
1. DATE (YYYYMMDD) <b>20090821</b>		2. NAME (Last, First, Middle) <b>MANNING, BRADLEY, EDWARD</b>		3. SSN <b>(b) (6), (b) (7)(C)</b>	
4. SERVICE AFFILIATION <input checked="" type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> NOAA <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> PHS		5. COMPONENT <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> NON-MILITARY <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE		6. STATUS <input type="checkbox"/> TPU <input type="checkbox"/> AGR <input type="checkbox"/> NG32 <input type="checkbox"/> IRR <input type="checkbox"/> RET <input type="checkbox"/> IMA <input type="checkbox"/> NG10	
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AAFES <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS <input type="checkbox"/> OTHER (Specify)		10. TRAVEL STATUS <input checked="" type="checkbox"/> a. UNIT ORDER <input type="checkbox"/> b. INDIVIDUAL		7. PAY PLAN/GRADE <b>E-3</b>	
12. ARMY COMMANDS <b>FORSCOM</b>		13. DATE ARRIVED IN THEATER (YYYYMMDD)		14. CITIZENSHIP COUNTRY <b>UNITED STATES</b>	
15. REDEPLOYMENT DATE (YYYYMMDD)		16. REFRAD DATE (YYYYMMDD)		17. DEPLOYMENT COUNTRY <b>IRAQ</b>	
18. PARENT UIC <b>WBDAAA</b>		19. DUIC <b>WBDAAA</b>		20. UNIT DSN PHONE NUMBER <b>779 9001</b>	
				21. CONUS REPLACEMENT CENTER	

**22. STATUS OF EACH DCS STAGE and COMMANDER'S VALIDATION MEMO (C= Completed; NC = Not Completed)**

a. TRAIN-UP/PREP <input type="checkbox"/> C <input type="checkbox"/> NC	b. MOBILIZATION <input type="checkbox"/> C <input type="checkbox"/> NC	c. DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	d. EMPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	e. REDEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC
f. POST-DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	g. RECONSTITUTION <input type="checkbox"/> C <input type="checkbox"/> NCO	h. CDR VALIDATION MEMO <input type="checkbox"/> C <input type="checkbox"/> NC		

**SECTION I - DCS VALIDATION**

**Part A - Accuracy Statement:** I understand I am certified for reconstitution and, to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF INDIVIDUAL 	2. RANK <b>PFC</b>	3. TITLE
---	-----------------------	----------

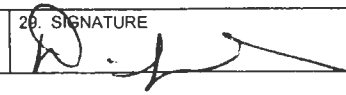
**Part B - First Line Leader/Immediate Supervisor's Authentication** I have authenticated the information contained in this checklist as correct and current.

4. PRINTED NAME (Supervisor)		5. RANK	6. TITLE	7. SIGNATURE
8. DATE (YYYYMMDD)	9. UNIT	10. ADDRESS		
11. PHONE NUMBER	12. E-MAIL ADDRESS	13. DSN	14. FAX PHONE NUMBER	

**Part C - Commander's Acknowledgment:** (Commanders may approve an individual for reconstitution based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.

15. PRINTED NAME (CDR or AG)		16. RANK	17. TITLE	18. SIGNATURE
19. DATE (YYYYMMDD)	20. UNIT	21. ADDRESS		
22. PHONE NUMBER	23. E-MAIL ADDRESS	24. DSN NUMBER	25. FAX NUMBER	

**Part D - DCS Validation:** ALL DEPLOYMENT CYCLE SUPPORT requirements are updated and all DCS requirements completed.

26. PRINTED NAME (Validation Official) <b>D. Sheppard</b>		27. RANK <b>SGT</b>	28. TITLE <b>Ops NCO</b>	29. SIGNATURE 
30. DATE (YYYYMMDD)	31. UNIT	32. ADDRESS		
33. PHONE NUMBER	34. E-MAIL ADDRESS	35. DSN NUMBER	36. FAX NUMBER	

## QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION

### PRIVACY ACT STATEMENT

**AUTHORITY:** 18 U.S.C. 922(g)(9); E.O. 9397.

**PRINCIPAL PURPOSE(S):** To obtain information to determine if you have been convicted of a crime of domestic violence which would disqualify you from shipping, transporting, possessing or receiving either Government-issued or private firearms or ammunition and to determine if reassignment, reclassification, detail or other administrative action is warranted. Your Social Security Number is solicited solely for purposes of verifying your identity.

**ROUTINE USE(S):** To the Department of Justice so that such information can be included in the National Instant Criminal Background Check System which may be used by firearm licensees (importers, manufacturers or dealers) to determine whether individuals are qualified to receive or possess firearms and ammunition.

**DISCLOSURE:** Mandatory for all personnel who are required to certify. Failure to provide the information may result in (1) (military only) the imposition of criminal or administrative penalties for failing to obey a lawful order, and (2) (civilian only) the imposition of administrative penalties, to include removal from Federal service. However, neither your answers nor information or evidence gained by reason of your answers can be used against you in any criminal prosecution for a violation of Title 18, United States Code, Section 922(g)(9), including (military only) prosecutions under the Uniform Code of Military Justice, based on a violation of Section 922(g)(9), for conduct which occurred prior to the completion of this form. The answers you furnish and any information resulting therefrom, however, may be used against you in a criminal or administrative proceedings if you knowingly and willfully provide false statements or information.

#### SECTION I - INSTRUCTIONS

An amendment to the Gun Control Act of 1968 (18 U.S.C. 922) makes it a felony for anyone who has been convicted of a misdemeanor crime of domestic violence to ship, transport, possess, or receive firearms or ammunition. It is also a felony for any person to sell or otherwise dispose of a firearm to any person so convicted.

The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

- (1) the person was convicted of a crime;
- (2) the offense has as its factual basis the use or attempted use of physical force, or threatened use of a deadly weapon;
- (3) the convicted offender was at the time of the offense:
  - (a) a current or former spouse, parent or guardian of the victim,
  - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;

- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

If you have ever received a domestic violence conviction: (1) you may not possess any firearm or ammunition; and (2) you must return any Government-issued firearm or ammunition to your commander or immediate supervisor; and (3) you must take steps to relinquish possession of any privately owned firearms or ammunition. Furthermore, any previously issued authorization to possess a firearm or ammunition is revoked.

If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

#### SECTION II - QUALIFICATION INQUIRY *(Complete and return to your commander or immediate supervisor within 10 days of receipt)*

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: *(Initial and date)*

YES

NO

I DON'T KNOW *(Provide explanation on reverse)*

2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED (YYYYMMDD)

3. **CERTIFICATION.** I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME <i>(Last, First, Middle Initial)</i> <b>MANNING, BRADLEY E</b>	b. RANK/GRADE <b>PFC</b>	c. SOCIAL SECURITY NUMBER <b>(b) (6), (b) (7)(C)</b>
d. ORGANIZATION <b>HHC 2BCT</b>	e. SIGNATURE 	f. DATE SIGNED <i>(YYYYMMDD)</i> <b>20090821</b>

**QUALIFICATION TO POSSESS FIREARMS OR AMMUNITION**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 18 U.S.C. 922(g)(9); E.O. 9397.

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The Department of Defense has, by policy, expanded the prohibitions contained in Title 18 Section 922(g)(9) to those military or civilian personnel who have felony convictions for crimes of domestic violence. Convictions of crimes of domestic violence do not include summary court-martial convictions, the imposition of nonjudicial punishment (Article 15, UCMJ), or deferred prosecutions (or similar alternative dispositions) in civilian courts. Furthermore, a person shall not be considered as having committed a "crime of domestic violence" for purposes of the firearms restriction of the Gun Control Act unless all of the following elements are present:

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  - (b) a person with whom the victim shared a child in common,

- (c) a person who was cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or
- (d) a person who was similarly situated to a spouse, parent, or guardian of the victim;
- (4) the convicted offender was represented by counsel, or knowingly and intelligently waived the right to counsel;
- (5) if entitled to have the case tried by jury, the case was actually tried by jury or the person knowingly and intelligently waived the right to have the case tried by jury;
- (6) the conviction has not been expunged or set aside, or the convicted offender has not been pardoned for the offense or had civil rights restored, unless the pardon, expungement, or restoration of civil rights provides that the person may not ship, transport, possess or receive firearms.

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If you have any questions, or you are uncertain if you have such a conviction, you may wish to contact a legal assistance attorney, if eligible, or a private attorney, at your own expense.

**SECTION II - QUALIFICATION INQUIRY** (Complete and return to your commander or immediate supervisor within 10 days of receipt)

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME OF DOMESTIC VIOLENCE AS DESCRIBED ABOVE: (Initial and date)

YES  NO  BEM 26 AUG 08 DON'T KNOW (Provide explanation on reverse)

2. IF YOU ANSWERED "YES" TO THE FIRST QUESTION, PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO THE CONVICTION:

a. COURT/JURISDICTION	b. DOCKET/CASE NUMBER
c. STATUTE/CHARGE	d. DATE SENTENCED (YYYYMMDD)

3. CERTIFICATION. I hereby certify that, to the best of my information and belief, all of the information provided by me is true, correct, complete, and made in good faith. I understand that false or fraudulent information provided herein may be grounds for criminal and/or administrative proceedings, to include (if civilian) adverse action, up to and including removal, and (if military) disciplinary action under the Uniform Code of Military Justice. I further understand that I have a continuing obligation to inform my Commander or Supervisor should I be convicted of a crime of domestic violence in the future.

a. NAME (Last, First, Middle Initial) <u>MANNING, BRADLEY E</u>	b. RANK/GRADE <u>PV2/E-2</u>	c. SOCIAL SECURITY NUMBER <u>(b) (6), (b) (7)(C)</u>
d. ORGANIZATION <u>2ND BCT</u>	e. SIGNATURE <u>[Signature]</u>	f. DATE SIGNED (YYYYMMDD) <u>20080826</u>



**SECTION C - BATTALION / UNIT LEVEL IN-PROCESSING ITEMS**

**18. BATTALION S1 / UNIT COMMANDER ITEMS**

a. ITEMS	b. REVIEW / CLEARANCE SIGNATURE / INITIALS	c. DEFICIENCIES NOTED (if any)
(1) Special Pays (BAS, BAH, COLA, OHA, IDP, CPP, SDAP, Incentive Pays, Medical Speciality Pays, Enlistment Bonus, Reenlistment Bonus, and/or other special pays).		
(2) Evaluation Report/Rating Chain		
(3) Flag Check/Processing		
(4) Duty Roster		
(5) Mail Room		
(6) Meal Card		
(8) Family Care Plan (DA Form 5305-R)		
(9) Weight Control Program		
(10) Physical Profile		
(11) DoD Travel Charge Card		

**19. BATTALION S2/S3/UNIT COMMANDER ITEMS**

a. ITEMS	b. REVIEW / CLEARANCE SIGNATURE / INITIALS	c. DEFICIENCIES NOTED (if any)
(1) Security Briefing		
(2) Training Records		
(3) Security Clearance		
(4) Mission Orientated Briefing		
(5) Weapons Qualification		
(6) Army Physical Fitness Test		
(7) Common Task Training and Testing		
(8) Service Member Deployment History Out-Processing Verification Sheet		

**SECTION D - IN-PROCESSING CONTROL STATION**

20a. Is the SM slotted in EMILPO IAW UIC and Duty Position? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. PRINTED NAME / STAMP	c. TELEPHONE NO	d. SIGNATURE	e. DATE (YYYYMMDD)
21a. Has the Soldier completed in-processing? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. PRINTED NAME / STAMP <i>Lance Alexander</i>	c. TELEPHONE NO <i>2564</i>	d. SIGNATURE <i>Lance Alexander</i>	e. DATE (YYYYMMDD) <i>20080904</i>



<b>REQUEST AND AUTHORITY FOR LEAVE</b>	1. CONTROL NUMBER
This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is ODCSPER. (See Instructions on Reverse)	

**PART - I**

2. NAME (Last, First, Middle Initial) <b>MANNING, BRADLEY E</b>	3. SSN <b>(b) (6), (b) (7)(C)</b>	4. RANK <b>PFC</b>	5. DATE <b>15 JUL 09</b>
--	--------------------------------------	-----------------------	-----------------------------

6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.) <b>(b) (6), (b) (7)(C)</b>	7. TYPE OF LEAVE <input type="checkbox"/> ORDINARY <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PERMISSIVE TDY <input type="checkbox"/> OTHER <b>PASS</b>	8. ORGN, STATION, AND PHONE NO. <b>HHC 2BCT, 10 MTN DIV BLDG 10200 FORT DRUM, NY 13602 315.774.2505</b>
--	---	--

9. NUMBER DAYS LEAVE				10. DATES	
a. ACCRUED <b>N/A</b>	b. REQUESTED <b>N/A</b>	c. ADVANCED <b>N/A</b>	d. EXCESS <b>N/A</b>	a. FROM <b>19 JUL 09</b>	b. TO <b>22 JUL 09</b>

11. SIGNATURE OF REQUESTOR 	12. SUPERVISOR RECOMMENDATION/SIGNATURE <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL 	13. SIGNATURE AND TITLE OF APPROVING AUTHORITY 
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14. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

15. DEPARTURE		
a. NUMBER DAYS	b. DATE APPROVED	c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. DEPARTURE		
a. DATE	b. TIME	c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS

Chargeable leave is from \_\_\_\_\_ to \_\_\_\_\_

**PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL**

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extensions to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):  
Should you require other assistance call PAP:

20. DEPARTED UNIT	21. ARRIVED APOD	22. ARRIVED APOE (return only)	23. ARRIVED HOME UNIT
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**PART III - DEPENDENT TRAVEL AUTHORIZATION**

24.  (Space available or required cash reimbursable)       ONE WAY       ROUND TRIP  
 (Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION			
a. DEPENDENTS (Last name, First, MI)	b. RELATIONSHIP	c. DATES OF BIRTH (Children)	d. PASSPORT NUMBER

**PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION**

26. DESIGNATION AND LOCATION OF HEADQUARTERS	27. ACCOUNTING CITATION
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28. DATE ISSUED	29. TRAVEL ORDER NUMBER	30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION
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DEPARTMENT OF THE ARMY  
United States Army Intelligence Center and Fort Huachuca  
Fort Huachuca, Arizona 85613-6000

2nd Bct

ORDERS 193-00013

11 July 2008

MANNING BRADLEY EDWARD (b) (6), (b) PV2 USAICFH CO D (STU) 305 (W1E818)  
United States Army Intelligence Center and Fort Huachuca, Fort Huachuca, AZ 85613-6000

You will proceed on permanent change of station as shown.

Assigned to: 2<sup>ND</sup> 10<sup>TH</sup> DIV REPL DET (WBDAAB) FT DRUM NY 13602

Reporting date: 14 SEPTEMBER 2008

Additional instructions: (a) Dependents: NO

- (b) If you ship personal property at Government expense, contact the Transportation Office at your new duty station immediately after arrival to arrange for delivery.
- (c) You are required to report to the Family Housing/Housing Referral Office serving your new duty station before you make housing arrangements for renting, leasing, or purchasing any off-post housing.
- (d) Soldier is authorized up to 14 days permissive temporary duty to participate in the Hometown Recruiter Assistance Program if indicated on an approved DA 31 signed by a LTC or above.
- (e) You are responsible for reporting to your next duty station/school in satisfactory physical condition, able to pass the Army Physical Fitness Test and meet weight standards.
- (f) You will submit a travel voucher for this travel to the custodian of your finance records within 15 days after completion of travel.
- (g) Report to building 61820, Davis Hall, room 149 (back entrance), with 15 copies of your PCS orders within 5 days of receipt to arrange for transportation appointments.
- (h) Leave data as stated on Department of the Army Form 31.
- (i) All Soldiers being reassigned are required to clear through the Housing Office. Soldiers residing in Government quarters are required to report to the Termination Section, Housing Division, Building 1415, Rhea Street, within five days after receipt of this order.
- (j) You are to contact commander of gaining organization not later than 10 days after receipt of orders if any special requirements exist for medical, dental, or educational facilities at next duty station.
- (k) You are required to forward a DA form 3955 (change of address card) with your new home address to your PERSCOM assignment manager within 30 days of arrival at your new duty.
- (l) Travel by privately owned conveyance is authorized from Ft. Huachuca, AZ to new duty station.
- (m) Early report date is authorized.
- (n) Losing Command/Soldier should ensure transportation arrangements are made to final destination of Watertown Int'l Airport, Watertown, NY.
- (o) When a CTO is available but the traveler arranges transportation through a non contract travel agent or common carrier direct purchase, reimbursement is limited to the amount the Government would have paid if the arrangements had been made directly through a CTO.

You will start in-processing on:

Aug 28<sup>th</sup>  
0700 - 1200 report to your UNIT  
At 1300 report to Clark Hall  
Room A1-39

# HHC BDE, 2D BCT Personal Data Sheet

Name: (Last, First, Middle) MANNING, BRADLEY E

SSN: (b) (6), (b) (7)(C) Grade: E2 DOR: 2 APR 08

BASD: \_\_\_\_\_ ETS: 1 OCT 11

DOB: 17 DEC 87 Race: CAUCASIAN Blood Type: O POS

Religion: ROMAN CATHOLIC Marital Status: SINGLE Separate Rations: \_\_\_\_\_

Primary MOS: 35F Secondary MOS: \_\_\_\_\_

ASI: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PBED: \_\_\_\_\_ DEROS: \_\_\_\_\_

Air Assault: \_\_\_\_\_ Airborne: \_\_\_\_\_ Ranger: \_\_\_\_\_ EIB: \_\_\_\_\_ CIB: \_\_\_\_\_ GT Score: 123

Combat Life Saver  Y/N (date: 4-7 FEB 08)  HS Grad  GED College  Y/N (# Credits: 28)

Colleague Semester hrs: 28 College Degree  Y/N Degree: \_\_\_\_\_

Security Clearance: TS/SCI / \_\_\_\_\_ Army Knowledge Online Account: bradley.manning@  
type status account address

Promotable Y/N Sequence Number: \_\_\_\_\_

ACU/T: XS/XS ACU/B: XS/XS Hat: 7 1/8 Boot: 7R Glove: 2

Height: 5'3" Weight: 120 Eye Color: BLUE Hair Color: BLONDE Glasses  Y/N Inserts  Y/N

Place of Birth: OKLAHOMA CITY, OK Home of Record: POTOMAC, MD

Local Address: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: (b) (6), (b) (7)(C) Beeper #: \_\_\_\_\_

**HHC BDE Company Personal Data Sheet cont.**

Next of Kin (parents and/or grandparents)

*Mother*

Name: SUSAN MARY MANNING

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Area Code and Phone #: (b) (6), (b) (7)(C)

Area Code and Cell #: \_\_\_\_\_

*Father*

Name: BRIAN EDWARD MANNING

Street: (b) (6), (b) (7)(C) City: (b) (6), (b) (7)(C)

State: (b) (6), (b) (7)(C) Zip Code: (b) (6), (b) (7)(C)

Area Code and Phone #: \_\_\_\_\_

Area Code and Cell #: (b) (6), (b) (7)(C)

*Wife*

Name: N/A

*Children*

Names and DOB: N/A

Area Code and Home #: \_\_\_\_\_

Area Code and Cell #: \_\_\_\_\_

**HHC BDE Company Personal Data Sheet cont.**

Awards/Decorations: \_\_\_\_\_

\_\_\_\_\_

Military Schools and Dates graduated: CLS (Feb 08)

\_\_\_\_\_

Past Duty Assignments: \_\_\_\_\_

\_\_\_\_\_

Date of last APFT: 1 JUL 08 APFT Score: 277

• Weapon Qualification –

Weapon Type: ~~022~~ M-16 Score/Rating: 31/40 Date: 21 FEB 08

Weapon Type: \_\_\_\_\_ Score/Rating: \_\_\_\_\_ Date: \_\_\_\_\_

SRM: \_\_\_\_\_ Score/Rating: \_\_\_\_\_ Date: \_\_\_\_\_

SRM: \_\_\_\_\_ Score/Rating: \_\_\_\_\_ Date: \_\_\_\_\_

• POV Information –

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Post Decal #: \_\_\_\_\_ Expiration: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Insurance CO: \_\_\_\_\_ Policy#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**HHC BDE Company Personal Data Sheet cont.**

• Military Licenses –

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Equipment: \_\_\_\_\_ Date Issued: \_\_\_\_\_



DEPARTMENT OF THE ARMY  
HEADQUARTERS AND HEADQUARTERS  
2D BCT, 10<sup>TH</sup> MOUNTAIN DIVISION (LI)  
FORT DRUM, NEW YORK 13602

AFDR-BBA-HC

3 JULY 2008

MEMORANDUM FOR All 2D BCT, HHC BDE Company Personnel

SUBJECT: Commander's Policy Letter # 5 Personnel In-processing Standard Operating Procedures (SOP).

1. Purpose. Identify what is required for the reception and in-processing of all incoming soldiers.
2. Basic Philosophy. Our soldiers are a valuable asset. One of the best things that we can do to set them up for success is to give them plenty of time initially to take care of anything which they need to update, settle, or fix. We will give them all the needed "authorized sham time" up front even if this causes them to miss important training events. We may have to send them to qualify or briefings, but after that they will continue getting settled. The bottom line is that we will give them plenty of time (up to two weeks) up front and then we will work them long and hard for several years after that.
3. Mandatory requirements before any soldier is allowed to perform any duties in the company are as follows.
  - a. Complete all in-processing for the installation, BN, and the company.
  - b. Initial counseling from the chain of command.
  - c. Family settled in a house, with all household goods, and provided time to get everything unpacked.
  - d. All equipment issued and set-up IAW (In Accordance With) current SOPs.
  - e. Provided an opportunity to review and understand all policies and SOPs.
4. Responsibilities.
  - a. 1SG
    - (1) Manage the distribution and allocation of enlisted personnel within HHC BDE, Assign incoming soldiers to a section.
    - (2) Ensure the incoming soldier meets with the commander within the first five working days.
    - (3) Initial Brief on all off limits areas, NY State DUI/BWI, Passes, Co Area, Discipline, Barracks.

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

(4) NCO's will be briefed on CQ, BN SDNCO and added to DA-6.

b. PSG/ Section Sergeants

(1) Manage the distribution and allocation of enlisted personnel within their platoon/ Section. Assign incoming soldiers to a duty position.

(2) Ensure the incoming soldier meets with the commander within the first five working days.

(3) Assign the soldier a barracks room if he is single or unaccompanied. Geographical bachelors will be required to find a place off post.

(4) Ensure the soldier has the basic necessities for duty. Linen, shaving kit, proper uniforms, etc...

(5) Administer a diagnostic APFT to the soldier and conduct a 'weigh-in' within the first 30 days of assignment to the company. If this was conducted at replacement this is acceptable.

(6) Inspect the soldier's POV, IAW applicable regulations, within the first week of assignment. File inspection results in the soldier's counseling packet.

c. Section Leader. Within the first five working days of assignment, instruct the soldier on basic section tactical SOPs. (The soldier's position in different tactical movement formations, squad linear danger area techniques, hand and arm signal SOPs, etc...) Execute after duty hours, if required, to meet five day standard.

d. Squad Leaders

(1) Within the first two days of a soldier's assignment to HHC BDE, the squad leader will inventory the soldier's TA-50 issue from CIF and all other Organizational Clothing and Individual Equipment (OCIE). Ensure that all equipment the soldier signed for is present. Within the first five days, the squad leader will check all TA-50 for appropriate markings IAW Co. SOP. (Name tapes, 'cat eyes', etc...)

(2) Issue the soldier an updated alert roster.

(3) Within the first three duty days of assignment, the new soldier's squad leader will conduct the initial counseling of the soldier. Verify in the counseling that the soldier has read and fully understands the Company policy letters.

3. HHC BDE Company in-processing packet contains the following:

- a. Packet Cover Sheet
- b. Personal Data Sheet
- c. Supply In-processing Sheet
- d. Initial Counseling Checklist

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

4. Coordinating Instructions.

a. New soldiers will report immediately to the 1SG's office. The Company Commander will normally speak with incoming soldiers immediately following the 1SG, but certainly before five working days.

b. A new soldier's first line supervisor (normally his squad leader) will escort him through the in-processing steps to ensure that he completes each item on the in-processing checklist.

c. Packet coversheet. The training room will fill out the cover sheet header. The Training Room NCO, Armorer, NBC NCO, and each member of the soldier's chain of command initials next to each task under the appropriate heading once the task is complete. In-process in the order of the cover sheet.

d. Personal Data Sheet. The soldier will complete the personal data sheet. His Squad leader (or first line supervisor) will check it and ensure accuracy. The training room is responsible for entering the information into the company database.

e. Supply In-processing Sheet. Follow the instruction on the sheet.

f. Initial Counseling Checklist. The incoming soldier's first line supervisor will review and complete the checklist with the soldier. The soldier will read the Company policy letters, and sign the checklist along with the first line supervisor.

5. The POC for this memorandum is the undersigned at 4-2480.

EDWARD S. WALTER  
CPT, MI  
Commanding

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

**HHC BDE, 2D BCT**  
**IN-PROCESSING COVER SHEET**

Name and Rank: MANNING, BRADLEY E / PV2 Platoon: S2Sponsor's Name and Rank: SSG ANICASquad Leader: SSG ANICATeam Leader: N/A

- **Training Room**

- |   |  |
|---|--|
| 1. ___ Establish HHC BDE primary folder for soldier | 7. ___ Initiate reenlistment card          |
| 2. ___ File SRP Packet                              | 8. ___ Retain copy of last Qualification   |
| 3. ___ Retain 1 copy of assignment orders           | 9. ___ Copy of latest NCOER/OER            |
| 4. ___ Retain 1 copy of ERB/ORB                     | 10. ___ Issue single soldiers Room Key     |
| 5. ___ Update HHC BDE Database                      | 11. ___ Obtain Mailbox for single soldiers |
| 6. ___ Retain or initiate APFT card                 |  |

Note: Chain of Command must assign the soldier a weapon, weapon number, NVD number, and any other arms room equipment the soldier is responsible for.

- **Arms Room**

1. \_\_\_ Initiate required equipment cards
2. \_\_\_ Issue sensitive item BII to individual soldiers

- **NBC**

- |                              |  |
|------------------------------|--|
| 1. ___ Assign Mask           | 2. ___ Order Optical Inserts if required |
| 3. ___ Conduct PATs testing, | 4. ___ Measure for J-S List.             |

- **Supply** (SEE ATTACHED SHEET)

- **Chain of Command Briefings**

- |                                |                       |
|--------------------------------|-----------------------|
| 1. <u>Anica</u> Squad Leader   | 4. ___ First Sergeant |
| 2. <u>w/A</u> Section Sergeant | 5. ___ Commander      |
| 3. <u>pa</u> Section Leader    |                       |

Signature of Training NCO (When Completed) \_\_\_\_\_

**HHC BDE Company Personal Data Sheet**

Date: \_\_\_\_\_

**HHC BDE, 2D BCT**  
**SUPPLY IN-PROCESSING SHEET**  
**(WITHIN 72 HOURS)**

Supply Sergeant Initials	Action	Team Leader Initials
	• Turn in copy of CIF print out (unit copy)	
	• Complete inspection of personal clothing DA form 3078	
	• Complete inspection of CIF issue DA forM 3645-1A	
	• Complete and turn in high dollar value item sheet	
	• Issue linen if required	
	• Issue the following items:	
	- Blank adaptor	
	- 7 magazines	
	- Assault pack	
	- Knee pads	
	- Elbow pads	
	- BLIPS or SPECS	
	- Cleaning kit	
	- Luminous Tape	

\* Soldiers must turn in CIF unit copy, DA Form 3078, and DA Form 3645-1A before supply will issue items.

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

**HHC BDE, 2D BCT**

**INITIAL COUNSELING CHECKLIST**

AFDR-BBA-HC

3 JULY 2008

**SUBJECT:** Personnel In-processing Standard Operating Procedure

1. The following outline is to be used as a checklist for New-Soldier Reception and Integration counseling.

2. Squad Leaders (first line supervisors) will discuss the following checklist with their new Soldier. After each section is complete, the incoming soldier will initial next to the number. Once the counseling session is complete, the soldier will read the Company policy letters and sign the appropriate line on the last page of this packet.

**A. Drug Abuse/ Use of controlled substances**

1. Illegal drugs are easily available
2. No second chances for drug use; drug use=recommendation for separation
3. Review CID investigation of "The Dungeon" and the Battalion Commander's letter to soldiers
4. Review article "Drug Abuser Looks Back at Bad Choices"
5. Urinalysis: 100% at least once every other month; 10% twice per month
6. Narcotic Detection Dog Inspections

**B. Alcohol Abuse**

1. Most misconduct is alcohol related
2. Drinking underage is prohibited in and out of the barracks
3. Drinking and driving: zero tolerance
4. Breathalyzer testing: refusing to take it is not an option; refusing = disobeying a lawful order
5. Alcohol abuse leads to many other problems
6. Alcohol related incident will warrant entry into ADAPCP

**C. Local Orientation**

1. Brief local area issues to include "off limits" establishments
2. Swimming and water sports, drowning, buddy system

**D. Military appearance, military bearing, and misconduct**

1. Haircut
2. Uniform: ACU's PT, and Class A
3. Courtesy to NCOs; discipline
4. Courtesy to officers; stand at attention until told otherwise
5. Review historical Article 15 listing

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

6. Overweight program

**E. Counseling and promotions**

1. Monthly performance counseling
2. Review time-in-grade/ time-in-service promotion chart
3. Promotion Waiver boards
4. Promotion boards/soldier of the month boards

**F. Indebtedness**

1. Determine if the Soldier is having any pay problems
2. Bad check writing is prohibited; possible UCMJ offense
3. Separation from the military for extreme indebtedness
4. Government Credit Card Policies

**G. Barracks visitation policy**

1. Sign-in roster at Battalion staff duty desk
2. Time standards: Night before duty days, out by 2300; Weekends 0200

**H. Physical Training**

1. Review company policy letter
2. APFT failure policy
3. The foundation of their job
4. Diagnostic APFT (within 7 days)
5. Record APFT (after 90 days)

**I. Military Schools**

1. Review company policy letter
2. Most schools related to APFT

**J. Equal Opportunity Program**

1. Review company policy letter
2. Monthly Heritage Celebrations

**K. Open Door Policy**

1. Review Company Policy

**L. Families**

1. HHC BDE Company Family Readiness Group
2. DEERS
3. Delta Dental
4. Wills and power of attorney

SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

6. Family Care Plan / EFMP
7. Command sponsorship procedures
8. Domestic Violence
9. Status of Housing/Quarters Inspection (within 72 hours)

#### **M. Orientation toward the Unit**

1. Unit History and Traditions
2. Missions and Activities
3. Chain of Command and NCO Support Channel
4. Soldiers Duty assignment and it's importance to the unit
5. Current training cycle and what normally occurs during each training cycle
6. Equipment SOP
7. Tie-down SOP
8. Battle Drill SOP
9. Weapons Familiarization/PMI

#### **N. Leave and Pass Policies**

1. Mileage passes past Syracuse
2. Canada S-2 brief
3. Privilege not a right

#### **O. Daily and weekly recurring events**

1. Daily
  - 0545 sick call
  - 0700 PT Formation
  - 0930 Work Call Formation. Inspections DAILY
  - Lunch typically from 1130-1300
  - 1700 Closeout formation
2. Weekly
  - Mondays will be command maintenance
  - Wednesdays are Foot march days and Sergeant's Time Training

#### **P. Safety**

1. POV safety/Inspection (within 72 hours)
2. Privately Owned Weapons; registered & stored in the Arms Room
3. Hot/Cold weather injuries
4. **BUDDY SYSTEM--USE IT!!**

#### **Q. Policy Letters**

1. Read all Policy Letters
2. Questions?

2. I have been thoroughly briefed and counseled on what is expected of me as a



SUBJECT: Personnel In-processing Standard Operating Procedures (SOP).

Soldier assigned to HHC BDE. I fully understand everything that has been discussed above and will accept responsibility for my actions.

Name / Rank / Signature of Soldier / Date

[Signature] 4 SEP 08

Name / Rank / Signature of Counselor / Date

Jose J. Anica SSG [Signature] 4 SEP 08

REQUEST AND AUTHORITY FOR LEAVE

This form is subject to the Privacy Act of 1974. For use of this form, see AR 600-8-10. The proponent agency is DCS, G-1. (See instructions on reverse.)

1. CONTROL NUMBER

PART I

2. NAME (Last, First, Middle Initial)

MANNING, BRADLEY E.

3. SSN

(b) (6), (b) (7)(C)

4. RANK

PV2

5. DATE

20081204

6. LEAVE ADDRESS (Street, City, State, ZIP Code and Phone No.)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

7. TYPE OF LEAVE

ORDINARY  EMERGENCY  
 PERMISSIVE TDY  OTHER

8. ORGN, STATION, AND PHONE NO.

HHC, 2 BCT, 10 MTN DIV  
FORT DRUM, NEW YORK  
(315) 772-7347

9. NUMBER DAYS LEAVE

a. ACCRUED

8

b. REQUESTED

12

c. ADVANCED

d. EXCESS

10. DATES

a. FROM

20081222

b. TO

20090102

11. SIGNATURE OF REQUESTOR

*[Handwritten Signature]*

12. SUPERVISOR RECOMMENDATION/SIGNATURE

APPROVAL  DISAPPROVAL

*[Handwritten Signature]*

13. SIGNATURE AND TITLE OF APPROVING AUTHORITY

*[Handwritten Signature]*  
OPT EDWARD S. WALTER

14. DEPARTURE

a. DATE

22 DEC 08

b. TIME

0810

c. NAME/TITLE/SIGNATURE OF DEPARTURE AUTHORITY

PENNELL, PAUL SO RUMBER *[Handwritten Signature]*

15. EXTENSION

a. NUMBER DAYS

b. DATE APPROVED

c. NAME/TITLE/SIGNATURE OF APPROVAL AUTHORITY

16. RETURN

a. DATE

02 JAN

b. TIME

c. NAME/TITLE/SIGNATURE OF RETURN AUTHORITY

17. REMARKS

FOUND ON REGISTER. RETURN NOT MARKED BY SDNIO

Chargeable leave is from

22 DEC 08

to

02 JAN 09

PART II - EMERGENCY LEAVE TRANSPORTATION AND TRAVEL

18. You are authorized to proceed on official travel in connection with emergency leave and upon completion of your leave and travel will return to home station (or location) designated by military orders. You are directed to report to the Aerial Port of Embarkation (APOE) for onward movement to the authorized international airport designated in your travel documents. All additional travel is chargeable to leave. Do not depart the installation without reservations or tickets for authorized space required transportation. File a no-pay travel voucher with a copy of your travel documents or boarding pass within 5 working days after your return. Submit request for leave extension to your commander. The American Red Cross can assist you in notifying your commander of your request for extension of leave.

19. INSTRUCTIONS FOR SCHEDULING RETURN TRANSPORTATION:

For return military travel reservations in CONUS call the MAC Passenger Reservation Center (PRC):

Should you require other assistance call PAP:

20. DEPARTED UNIT

21. ARRIVED APOD

22. ARRIVED APOE (return only)

23. ARRIVED HOME UNIT

24. PART III - DEPENDENT TRAVEL AUTHORIZATION

25.  (Space available or required cash reimbursable)

ONE WAY

ROUND TRIP

(Space required) TRANSPORTATION AUTHORIZED FOR DEPENDENTS LISTED IN BLOCK NO. 25

DEPENDENT INFORMATION

a. DEPENDENTS (Last name, First, MI)

b. RELATIONSHIP

c. DATES OF BIRTH (Children)

d. PASSPORT NUMBER

PART IV - AUTHENTICATION FOR TRAVEL AUTHORIZATION

26. DESIGNATION AND LOCATION OF HEADQUARTERS

27. ACCOUNTING CITATION

28. DATE ISSUED

29. TRAVEL ORDER NUMBER

30. ORDER AUTHORIZING OFFICIAL (Title and signature) OR AUTHENTICATION

**PERSONNEL ACTION**

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.

**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.

**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) Commander 2BCT, 10th MTN DIV (LI) FORT DRUM, NY	3. FROM (Include ZIP Code) Commander HHC 2BCT, 10th MTN DIV (LI) FORT DRUM., NY
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**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) MANNING, BRADLEY E	5. GRADE OR RANK/PMOS/AOC E-2/PV2/35F	6. SOCIAL SECURITY NUMBER (b) (6), (b) (7)(C)
---	--	--

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from \_\_\_\_\_ to \_\_\_\_\_  
effective \_\_\_\_\_ hours, \_\_\_\_\_

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input type="checkbox"/> Advancement to PFC

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD) 20090114
---	---------------------------------

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**


REQUEST FOR: ADVANCEMENT TO PRIVATE FIRST CLASS  
ACTION:

a. RANK APPOINTED TO: PFC  
b. MOS AWARDED: N/A  
c. MOS WITHDRAWN: N/A  
d. EFFECTIVE DATE: 20081002  
e. DATE OF RANK: 20081002  
f. AUTHORITY: AR 600-8-19  
g. ADDITIONAL INSTRUCTIONS: TIS/TIG WAIVER HAS BEEN GRANTED

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

HAS BEEN VERIFIED  RECOMMEND APPROVAL  RECOMMEND DISAPPROVAL  IS APPROVED  IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE EDWARD S. WALTER, CPT, MI, CMD	13. SIGNATURE 	14. DATE (YYYYMMDD) 2009 01 14
---	---	-----------------------------------



DEPARTMENT OF THE ARMY  
**CERTIFICATE OF TRAINING**

This is to certify that  
**PV2 BRADLEY MANNING**  
has successfully completed  
**Combat Lifesavers Course 40 HRS**

Given at 26 SEPT 2008

PAUL R. WALTER  
LTC, MI  
Commanding

**PRE  
DEPLOYMENT**

MEDICAL SRC CHECKLIST

(SRC) MOB

There are 9 stations you will need to see today

1) Check In: Jenine Parker  
MSA, SRC  
Ft. Drum, NY

2) Screener: Jenine Parker  
MSA, SRC  
Ft. Drum, NY

3) Lab: Richard Lashway  
LPN/SRC  
Ft Drum, NY 13602

4) Immunizations: Richard Lashway  
LPN/SRC  
Ft Drum, NY 13602

5) Vision: **Optometry Not Cleared**  
By Screener \_\_\_\_\_ Or Optometry \_\_\_\_\_

6) Hearing: Bartlett, Brent R.  
RNW CHN/SRC/AUD  
Ft Drum, NY 13602

7) Provider: David L. Keyes, RPAC  
SRC Team  
Ft Drum, NY 13602

8) CHCS Ethel O'Neal  
MRT, SRC  
Ft. Drum, NY

9) Final Out: *[Signature]*

Name:

Rank:

SSN:

Unit:

## FT. DRUM MEDICAL SRC SOLDIER CHECKLIST

Please provide checklist to every Soldier a week before arriving at the Medical SRC processing site.

Soldiers must bring the following items to the medical SRC site during processing:

1. \_\_\_\_\_ DD 2766 Deployment Record
2. \_\_\_\_\_ Medical Record
3. \_\_\_\_\_ Any Profiles
4. \_\_\_\_\_ Yellow Shot Card PHS 731
5. \_\_\_\_\_ Two pairs of glasses and one pair of inserts
6. \_\_\_\_\_ Medical warning tags (in applicable)
7. \_\_\_\_\_ Hearing aids with one year supply of batteries (if applicable)
8. \_\_\_\_\_ Two pairs of glasses and 1 set of mask inserts (if applicable)

**Notes:**

\*Must have in hand two pair of glasses and one set of gas mask inserts or soldier will not be cleared.

\*Annual Hearing Exam –Soldiers need annual hearing exam to clear SRC

\*FEMALES – pregnancy test will be done at SRC. Females must have results from pap smear within one year of deploying.

**Medical SRC Contact Number:**

772-0063

## Marriage "Snapshot" Tool

Used with permission of PREP, Inc.

This tool is for you only. Your spouse will also have an opportunity to use this tool. It is designed to provide you with a snapshot of where your marriage is today. No one will ask for or collect scores.

These are validated questions that researchers have used in many studies on marriage. While no tool such as this should be taken as being something that can predict your future—the questions and your scores are designed to help you evaluate where your marriage is today. Remember, you can choose to change the things that are not working, and for things that are going well, you can work on ways to enhance and strengthen your marriage further. A strong and satisfying marriage is your choice.

If your score indicates a need for change or assistance, please contact your unit chaplain, or an installation or local helping agency for a marriage education workshop or counseling. Many issues can be resolved by awareness, skills training and personal support. Do not assume your marriage will grow without some thinking and effort on your part. Remember: there are people available to help you.

### Commitment Questions

Please answer each of the following questions by indicating how strongly you agree or disagree with the idea expressed.

- 1 = Strongly
- 2 = Disagree
- 3 = Neither Agree Nor Disagree
- 4 = Agree
- 5 = Strongly Agree

- |           |   |
|-----------|---|
| 1 2 3 4 5 | My relationship with my partner is more important to me than almost anything else in my life. |
| 1 2 3 4 5 | I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her."  |
| 1 2 3 4 5 | I want this relationship to stay strong no matter what rough times we may encounter.          |

Total up your answers on the above 3 questions. The highest score here is 15 and the lowest is 3. Relative to many others who have responded to these questions, we suggest these ranges for interpretation. Since most people respond at the higher ranges of these questions:

14 – 15 **HIGH:** You scored high like most of the people who respond to these questions.

12 – 13 **MEDIUM:** You scored in a range we would call medium, but this is at or below the most typical score which tends to be in the higher range.

11 & below **LOW:** You scored relatively low on this. The further under 11 you scored, the more it might mean that you are struggling with your desire to be with your partner in the future. If that sounds like you, what does that mean to you and your relationship in the present?

### Confidence Questions

Answer each question below by indicating how strongly you agree or disagree with the idea expressed. Circle any number from 1 – 7 to indicate various levels of agreement or disagreement.

- |                   |  |   |                           |   |   |                |
|-------------------|--|---|---------------------------|---|---|----------------|
| 1                 | 2  | 3 | 4                         | 5 | 6 | 7              |
| Strongly Disagree |  |   | Neither Agree or Disagree |   |   | Strongly Agree |
| 1 2 3 4 5 6 7     | I believe we can handle whatever conflicts will arise in the future.           |   |                           |   |   |                |
| 1 2 3 4 5 6 7     | I feel good about our prospects to make this relationship work for a lifetime. |   |                           |   |   |                |
| 1 2 3 4 5 6 7     | I am very confident when I think of our future together.                       |   |                           |   |   |                |
| 1 2 3 4 5 6 7     | We have the skills couple needs to make a marriage last.                       |   |                           |   |   |                |

Total up your answers on the above four questions. The highest score possible is 28 and the lowest is 4.

25 – 28 **HIGH:** You scored high, suggest that you have a lot of confidence in the future of your relationship. As much or more than average.

20 – 24 **MEDIUM:** Your score suggest some confidence, but also some concerns about how well the two of you manage life together.

19 & below **LOW:** You scored relatively low on this measure, which could mean that you are not feeling very confident in the future of your relationship.

-Over-



### Conflict Questions

Answer each statement in terms of how often you and your spouse/partner experience each of the following situations.

Little arguments escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts. Does that happen...

1. never or almost never
2. once in a while
3. frequently

My spouse/partner criticizes or belittles my opinions, feeling, or desires. Does that happen...

1. never or almost never
2. once in a while
3. frequently

My spouse/partner seems to view my words or actions more negatively than I mean them to be. Does that happen...

1. never or almost never
2. once in a while
3. frequently

When we argue, one of us withdraws...that is, does not want to talk about it anymore, or leaves the scene. Does that happen...

1. never or almost never
2. once in a while
3. frequently

Total up your answers on the four questions above. The highest score possible is 12 and the lowest score possible is 4. On the first two sets of questions, higher scores are usually better. Here, lower scores are better because they indicate less negative communication patterns of a sort that caused difficulties for most couples.

9 - 12 **HIGH:** Scores in this range indicate a high frequency of conflict patterns that various studies suggest damage relationships over time. If you scored high and that matches your sense that the two of you argue often and in damaging ways, you should both consider developing a plan (or get some outside help) for how you will turn these kinds of negative patterns around - all the more so if you have children at home.

6 - 8 **MEDIUM:** Scores in this range mean you might be seeing more difficulties in how the two of you handle conflict than is really good for you or your relationship over time. It might be good to be thinking together about how

you could manage conflicts and differences more constructively so that you do not damage the great things about your relationship. Skill training in a marriage workshop may be very helpful.

4 - 5 **LOW:** Scores this low indicate that you see little to be concerned with in terms of how the two of you handle conflict. The key for you is to keep it that way, since negatives can do so much damage to the positives in life together. It is always a great time to do preventive work.

### Positive Bonding Questions

Please answer each of the following questions by indicating how strongly you agree or disagree with the idea expressed.

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree Nor Disagree
- 4 = Agree
- 5 = Strongly Agree

1 2 3 4 5 We have a lot of fun together.

1 2 3 4 5 We regularly have great conversations where we just talk as good friends.

Total up your answers on the two questions above. The highest score is 10 and the lowest score is two.

9 - 10 **HIGH:** Your score suggest that, at least from your perspective, the two of you are doing a great job keeping the positive connection going between the two of you.

7 - 8 **MEDIUM:** Your score suggests that there might be room for improvement in how often you are taking time to be together in positive ways.

2 - 6 **LOW:** Your score suggests that the two of you are not spending nearly enough time together in these positive ways. You can get by for a time letting this slide, but to really keep your relationship strong you should consider what the two of you can do to rebuild the kinds of positive time you spend together.

---

Used with permission of PREP, Inc. [www.PREPinc.com](http://www.PREPinc.com)

Based on research of Scott Stanley and Howard Markman (and principles in the book *Fighting for Your Marriage*, 2001, Jossey-Bass, Inc.).

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1. never or almost never
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3. frequently

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Based on research of Scott Stanley and Howard Markman (and principles in the book *Fighting for Your Marriage*, 2001, Jossey-Bass, Inc.).

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

**RECORD OF EMERGENCY DATA**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).  
**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. For military personnel, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. For civilian personnel, it is used to expedite the notification process in the event of an emergency and/or death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.  
**ROUTINE USES:** None.  
**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

**INSTRUCTIONS TO SERVICE MEMBER**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancée), and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

**INSTRUCTIONS TO CIVILIANS**

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT:** This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.

**SECTION 1 - EMERGENCY CONTACT INFORMATION**

1. NAME (Last, First, Middle Initial)

MANNING, BRADLEY EDWARD

2. SSN

(b) (6)

3a. SERVICE/CIVILIAN CATEGORY

ARMY NAVY MARINE CORPS AIR FORCE DoD CIVILIAN CONTRACTOR

b. REPORTING UNIT CODE/DUTY STATION

WBDAAA / FT DRUM

4a. SPOUSE NAME (if applicable) (Last, First, Middle Initial)

SINGLE

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

5. CHILDREN

a. NAME (Last, First, Middle Initial)

None.

b. RELATIONSHIP

c. DATE OF BIRTH (YYYYMMDD)

d. ADDRESS (include ZIP Code) AND TELEPHONE NUMBER

6a. FATHER NAME (Last, First, Middle Initial)

BRIAN EDWARD MANNING

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

(b) (6), (b) (7)(C)

7a. MOTHER NAME (Last, First, Middle Initial)

SUSAN MARY MANNING

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

(b) (6), (b) (7)(C)

8a. DO NOT NOTIFY DUE TO ILL HEALTH

None.

b. NOTIFY INSTEAD

9a. DESIGNATED PERSON(S) (Military Only)

None.

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

10. CONTRACTING AGENCY AND TELEPHONE NUMBER (Contractors only)

DD FORM 93 (E), JAN 2008

PREVIOUS EDITION IS OBSOLETE

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

**SECTION 2 - BENEFITS RELATED INFORMATION**

11a. BENEFICIARY(IES) FOR DEATH GRATUITY (Military only)

TYLER RAYMOND WATKINS

b. RELATIONSHIP

OTHER

c. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

(b) (6)

d. PERCENTAGE NUMBER

100

12a. BENEFICIARY(IES) FOR UNPAID PAY/ALLOWANCES (Military only) NAME AND RELATIONSHIP

BRIAN EDWARD MANNING (FATHER)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

(b) (6)

c. PERCENTAGE NUMBER

100

13a. PERSON AUTHORIZED TO DIRECT DISPOSITION (PADD)

b. ADDRESS (Include ZIP Code) AND TELEPHONE NUMBER

NAME: MANNING, BRADLEY EDWARD SSN: (b) (6)

(Military only) NAME AND RELATIONSHIP

(b) (6), (b) (7)(C)

(b) (6)

14. CONTINUATION/REMARKS

15. SIGNATURE OF SERVICE MEMBER/CIVILIAN (Include rank, rate, or grade if applicable)

16. SIGNATURE OF WITNESS (Include rank, rate or grade as appropriate)

17. DATE SIGNED (YYYYMMDD)

  *Nathan K. Rustin SDC* 22090821

Please read the instructions before completing this form

## Servicemembers' Group Life Insurance Election and Certificate

Use this form to: (check all that apply) <input type="checkbox"/> Name or update your beneficiary <input type="checkbox"/> Reduce the amount of your insurance coverage <input type="checkbox"/> Decline insurance coverage	<b>Important:</b> This form is for use by Active Duty and Reserve members. This form does not apply to and cannot be used for any other Government Life Insurance.
--	--

Last name MANNING	First name BRADLEY	Middle name EDWARD	Suf.	Rank, title or grade PFC	Social Security Number (b) (6),
Branch of Service(Do not abbreviate) Army			Current Duty Location WBDAAA		

**Amount of Insurance**

By law, you are automatically insured for \$400,000. **If you want \$400,000 of insurance**, skip to Beneficiary(ies) and Payment Options. **If you want less than \$400,000** of insurance, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$50,000. **If you do not want any insurance\***, check the appropriate block below and write (in your own handwriting), "I do not want insurance at this time."

**Declining SGLI coverage also cancels all family coverage under the SGLI program.**

I want coverage in the amount of \$ \_\_\_\_\_ Your initials \_\_\_\_\_

(Write "I do not want insurance at this time.")

**\*Note:** Reduced or refused insurance can *only* be restored by completing form SGLV 8285 with proof of good health and compliance with other requirements. Reduced or refused insurance will also affect the amount of VGLI you can convert to upon separation from service.

### Beneficiary(ies) and Payment Options

I designate the following beneficiary(ies) to receive payment of my insurance proceeds. I understand that the principal beneficiary(ies) will receive payment upon my death. If all principal beneficiaries predecease me, the insurance will be paid to the contingent beneficiary(ies).

Complete Name (first, middle, last) and Address of each beneficiary	Social Security Number (If known)	Relationship to you	Share to each beneficiary (Use %, \$ amounts or fractions)	Payment Option (Lump sum or 36 equal monthly payments)
<b>Principal</b> (b) (6), (b) (7)(C)		OTHER	100%	LUMP SUM
<b>Contingent</b> (b) (6), (b) (7)(C)		AUNT	100%	LUMP SUM

**I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form. I ALSO UNDERSTAND that:**

- . This form cancels any prior beneficiary or payment instructions.
- . The proceeds will be paid to beneficiaries as stated in #6 on page 3 of this form, unless otherwise stated above.
- . If I have legal questions about this form, I may consult with a military attorney at no expense to me.
- . I cannot have combined SGLI and VGLI coverages at the same time for more than \$400,000.

**SIGN HERE IN INK** \_\_\_\_\_ Date: 20090821  
 (Your Signature. Do not print.)

**Do not write in space below. For official use only.**

WITNESSED AND RECEIVED BY:	RANK, TITLE OR GRADE	ORGANIZATION	DATE RECEIVED
<i>Antarctica Kusky</i>	SFC HHC, 2ND BCT BDE		20090821



## DEPLOYMENT CYCLE SUPPORT (DCS) CHECKLIST

For use of this form, see Army Directive 2007-02; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 USC Section 3013, Secretary of the Army; Department of the Army Deployment Cycle Support (DCS) Directive; and EO 9397 (SSN).  
**PURPOSE:** To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.  
**ROUTINE USES:** The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.  
**DISCLOSURE:** Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

**The Deployment Cycle Support Checklist is filed in the Deployment Packet to complete the action.  
 A copy remains at the losing organization.**

1. DATE (YYYYMMDD) <b>2010 03 20</b>		2. NAME (Last, First, Middle) <b>MANNING, BRADLEY EDWARD</b>		3. SSN <b>(b) (6), (b) (7)(C)</b>	
4. SERVICE AFFILIATION <input type="checkbox"/> USA <input type="checkbox"/> USMC <input type="checkbox"/> NOAA <input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> PHS		5. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> NON-MILITARY <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE		6. STATUS <input type="checkbox"/> TPU <input type="checkbox"/> AGR <input type="checkbox"/> NG32 <input type="checkbox"/> IRR <input type="checkbox"/> RET <input type="checkbox"/> IMA <input type="checkbox"/> NG10	
7. PAY PLAN/GRADE <b>E-4/SPC</b>		8. MOBILIZATION DEPLOYMENT CENTER <b>FORT DRUM</b>			
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> AAFES <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS <input type="checkbox"/> OTHER (Specify)		10. TRAVEL STATUS a. UNIT ORDER b. INDIVIDUAL		11. DATE OF BIRTH (YYYYMMDD) <b>1987 12 17</b>	
12. ARMY COMMANDS		13. DATE ARRIVED IN THEATER (YYYYMMDD) <b>12 OCT 2010</b>		14. CITIZENSHIP COUNTRY	
15. REDEPLOYMENT DATE (YYYYMMDD) <b>2010</b>		16. REFRAD DATE (YYYYMMDD)		17. DEPLOYMENT COUNTRY	
18. PARENT UIC		19. DUIC <b>WBDAAA</b>		20. UNIT DSN PHONE NUMBER	
21. CONUS REPLACEMENT CENTER					

**22. STATUS OF EACH DCS STAGE and COMMANDER'S VALIDATION MEMO (C= Completed; NC = Not Completed)**

a. TRAIN-UP/PREP <input type="checkbox"/> C <input type="checkbox"/> NC	b. MOBILIZATION <input type="checkbox"/> C <input type="checkbox"/> NC	c. DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	d. EMPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	e. REDEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC
f. POST-DEPLOYMENT <input type="checkbox"/> C <input type="checkbox"/> NC	g. RECONSTITUTION <input type="checkbox"/> C <input type="checkbox"/> NC	h. CDR VALIDATION MEMO <input type="checkbox"/> C <input type="checkbox"/> NC		

### SECTION I - DCS VALIDATION

**Part A - Accuracy Statement:** I understand I am certified for reconstitution and, to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF INDIVIDUAL 	2. RANK <b>SPC</b>	3. TITLE <b>INTELLIGENCE ANALYST</b>
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**Part B - First Line Leader/Immediate Supervisor's Authentication** I have authenticated the information contained in this checklist as correct and current.

4. PRINTED NAME (Supervisor) <b>Bruc Hutcherson</b>	5. RANK <b>MSG</b>	6. TITLE <b>1SG</b>	7. SIGNATURE
8. DATE (YYYYMMDD)	9. UNIT <b>HHC 2 BCT</b>	10. ADDRESS <b>Fob Hammer 09308</b>	
11. PHONE NUMBER	12. E-MAIL ADDRESS <b>(b) (6), (b) (7)(C)</b>	13. DSN <b>8488924</b>	14. FAX PHONE NUMBER

**Part C - Commander's Acknowledgment:** (Commanders may approve an individual for reconstitution based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the checklist findings.

15. PRINTED NAME (CDR or AG) <b>Matthew Freeburg</b>	16. RANK <b>CPT</b>	17. TITLE <b>CDR</b>	18. SIGNATURE
19. DATE (YYYYMMDD)	20. UNIT <b>HHC 2 BCT</b>	21. ADDRESS <b>Fob Hammer 09308</b>	
22. PHONE NUMBER	23. E-MAIL ADDRESS <b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	25. FAX NUMBER

**Part D - DCS Validation:** ALL DEPLOYMENT CYCLE SUPPORT requirements are updated and all DCS requirements completed.

26. PRINTED NAME (Validationg Official) <b>Danielle E Sheppard</b>	27. RANK <b>SGT</b>	28. TITLE <b>OPS NCO</b>	29. SIGNATURE
30. DATE (YYYYMMDD)	31. UNIT <b>HHC 2 BCT</b>	32. ADDRESS <b>Fob Hammer 09308</b>	
33. PHONE NUMBER	34. E-MAIL ADDRESS <b>(b) (6), (b) (7)(C)</b>	<b>(b) (6), (b) (7)(C)</b>	36. FAX NUMBER

NAME (Last, First Middle) **MANNING, BRADLEY EDWARD** SSN (b) (6), (b) (7)(C)

Deployment Cycle Support Tasks	DCS VALIDATION			
	COMPLETED	NOT COMPLETED	NA	DATE (YYYYMMDD)

**SECTION IV - Employment Stage (Continued)**

Legal Assistance Office				
Counseling on civil matters provided, as required	X			
Tax classes / information for spouses provided, as required	X			

DEERS / RAPIDS / ID Card Office				
ID Cards / ID Tags updated, as required	X			
DEERS / RAPIDS enrollment completed, as required	X			
DEERS / RAPIDS data entry and date for residential address completed, as required	X			

**SECTION V - Redeployment Stage**

Unit Commander / Unit Leadership				
Single Soldiers identified and support ensured			X	
Unit Refresher / Army Sexual Assault Prevention and Response training completed	X			
Leave schedule published	X			
Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required			X	
Disciplinary and adverse administrative actions finalized, as required			X	
Soldiers counseled on requirement to provide financial support to family while deployed	X			
OERs, NCOERs, civilian evaluations, and awards completed, as required	X			
Soldier counseling conducted, as required	X			
Soldiers identified with potential financial issues referred to financial training or assistance			X	
Personnel Reporting System updated			X	
CIVTRACKS for DA civilians updated			X	
RDC provided with updated redeployment rosters			X	
Risk Reduction Reintegration Tip Card utilized	X			
Plan and coordinate reunion and homecoming ceremonies	X			
Soldiers who PCS and TCS complete the DCS process, as required	X			

Unit Ministry Team / Installation Chaplain				
Suicide Awareness and Prevention training conducted	X			
Families with reported stress and separation issues identified, as required			X	
Small group discussions on deployment experiences facilitated	X			
Operation READY Reunion / Reintegration training for Soldier's conducted	X			
Communication with Spouses, Families, and Children training conducted	X			
Spouses provided opportunity to take marital assessment	X			

SIGNATURE OF CERTIFYING OFFICIAL \_\_\_\_\_ 8b. E-MAIL ADDRESS (b) (6), (b) (7)(C) \_\_\_\_\_ DATE (YYYYMMDD) \_\_\_\_\_



NAME (Last, First Middle) <b>MANNING, BRADLEY EDWARD</b>		SSN <b>(b) (6)</b>		
Deployment Cycle Support Tasks		DCS VALIDATION		
		COMPLETED	NOT COMPLETED	NA
<b>SECTION I - Train-up / Preparation Stage</b>				
<b>Unit Commander / Unit Leadership</b>				
Single Soldiers identified and support ensured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leave schedule published	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individual career counseling provided, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disciplinary and adverse administrative actions finalized, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Assault Prevention and Response training (Host Country, risk reduction factors) conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DA Form 5305-R (Family Care Plan) completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FRG assessed, trained, and resourced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RDC has completed all training prior to unit deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Family readiness plan including unit readiness goals updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers counseled on requirement to provide financial support to family while deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OERs, NCOERs, civilian evaluations, and awards completed, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldier counseling conducted, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers identified with potential financial issues referred to financial training or assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Command Climate Survey conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers who PCS and TCS complete the DCS process, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers encouraged to communicate with family throughout the deployment cycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct Unit-Risk Inventory (URI) NLT 30 days prior to deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personnel Service Center 51 (FINAL)</b>				
DD Form 93 (Record of Emergency Data) updated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20090821
VA Form SGLV 8285, (Request for Insurance (SGLI)) completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
VA Form SGLV 8286, (Service Member's Group Life Insurance) completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eligibility for overseas deployment (AR 614-30, Overseas Service) verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers with record of misdemeanor crime of domestic violence identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Passports issued to DA civilians in receipt of Deployment Orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMRB, MEB, PEB conducted, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soldiers and family members educated regarding the impact of personnel policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNATURE OF CERTIFYING OFFICIAL	8b. E-MAIL ADDRESS		DATE (YYYYMMDD)	

NAME (Last, First Middle) <b>MANNING, BRADLEY EDWARD</b>		SSN <b>(b) (6)</b>	
Deployment Cycle Support Tasks		DCS VALIDATION	
		COMPLETED	NOT COMPLETED
<b>SECTION I - Train-up / Preparation Stage (Continued)</b>			
<b>Unit Ministry Team / Installation Chaplain</b>			
Families identified with reported predeployment stress, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouses provided opportunity to take marital assessment instrument, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soldiers provided opportunity to complete marital assessment instrument, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity to attend voluntary marriage education/enrichment workshops provided, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predeployment Battlemind training for leaders conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predeployment Battlemind training for junior enlisted Soldiers conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical / Dental Health Teams</b>			
Leader training on identifying symptoms of distress and suicide tendencies conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals screened for profile for permanent geographic or climate duty limitation, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventative Medicine briefing to defeat disease and non-battle injuries conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD Form 2795 (Pre-Deployment Health Assessment Questionnaire) completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Military Pay Office</b>			
Current status of DoD charge card holders reviewed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel advance provided for Soldiers with TCS orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Legal Assistance Office</b>			
Wills updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling on civil matters provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance to RC Soldiers provided, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax class / information for spouses provided, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Installation Management Command</b>			
Family Readiness staff shortages (ACS / FAC) identified, as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA and RC Family Readiness Groups educated on available services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families educated about services provided through Military OneSource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Predeployment Battlemind training for spouses conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operation READY Deployment and Children training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct Financial Management Planning for Deployments training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DEERS / RAPIDS / ID Card Office</b>			
ID Cards / ID Tags updated, as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEERS / RAPIDS enrollment completed, as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEERS / RAPIDS data entry and date for residential address completed, as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SIGNATURE OF CERTIFYING OFFICIAL	8b. E-MAIL ADDRESS		DATE (YYYYMMDD)

Medical / Dental Health Teams

**Dental Non-Deployable TDH**

*req. for deployment*

*David L. Keyes, RPAC  
SRC Team  
Ft Drum, NY 13602*

Military Pay Office

**FINANCE CLEAR**

*201/08*

Legal Assistance Office

**CLEARED LEGAL ASSISTANCE**

*AFM 201/08/21*

**Optometry Not Cleared**

NAME (Last, First Middle) <b>MANNING, BRADLEY EDWARD</b>		SSN <b>(b) (6)</b>		
Deployment Cycle Support Tasks	DCS VALIDATION			
	COMPLETED	NOT COMPLETED	NA	DATE (YYYYMMDD)
<b>SECTION V - Redeployment Stage (Continued)</b>				
<b>Personnel Service Center</b>				
MMRB, MEB, PEB conducted, as required			X	
<b>Medical / Dental Health Teams</b>				
Leader training on symptoms of distress and suicide tendencies conducted	X			
Individuals screened for medical profile geographic or climate duty limitation, as required			X	
Behavioral Health Assessments conducted	X			
Soldiers with behavioral or health issues referred			X	
Potential family issues identified			X	
Health Threat briefing for childcare providers conducted			X	
Health Threat briefing for spouses conducted			X	
Behavioral Health Threat briefing to alert families conducted	X			
Medical Threat briefing for Soldiers and DA civilians conducted	X			
Negative health-related behaviors treated and documented (DD Form 2796)			X	
<b>Legal Assistance Office</b>				
Provide counseling to families on civil matters, as required	X			
Personnel informed on legal rights under Servicemember's Civil Relief Act (SCRA), as required.	X			
Legal assistance to RC Soldiers provided, as required			X	
Continue to provide tax classes / information to spouses, as required			X	
<b>Installation Management Command</b>				
Family Readiness staff shortages (ACS / FAC) identified, as required			X	
Families with major problems requiring special assistance identified, as required			X	
AA and RC Family Readiness Groups educated on available services			X	
Families educated about services provided through Military OneSource, as required	X			
Families identified and referred who have experienced major problems	X			
Reunion / Reintegration training provided to Soldier's spouses	X			
FAP program managers and SFPD directors reestablish case continuity			X	
Employers involved in home station activities	X			
Education and information materials provided to IRR / IMA families			X	
DCS information provided to family members	X			
Communication with Spouses, Families, and Children training	X			
<b>DEERS / RAPIDS / ID Card Office</b>				
ID Cards / ID Tags updated, as required	X			
DEERS / RAPIDS enrollment completed	X			
SIGNATURE OF CERTIFYING OFFICIAL	8b. E-MAIL ADDRESS <b>(b) (6), (b) (7)(C)</b>		DATE (YYYYMMDD)	

NAME (Last, First Middle)		SSN		
Deployment Cycle Support Tasks	DCS VALIDATION			
	COMPLETED	NOT COMPLETED	NA	DATE (YYYYMMDD)
<b>SECTION VI - Post - Deployment Stage</b>				
<b>Unit Commander / Unit Leadership</b>				
Unit Refresher / Army Sexual Assault Prevention and Response training, as required				
Individual career counseling provided, as required				
Investigations (e.g. Line of Duty, AR 15-6) initiated and completed, as required				
Disciplinary and adverse administrative actions finalized, as required				
OERs, NCOERs, civilian evaluations, and awards completed, as required				
Soldier counseling conducted, as required				
Soldiers identified with potential financial issues referred to financial training or assistance				
Personnel Reporting System Updated				
CIVTRACKS for DA civilians updated				
Substance Abuse briefing conducted				
Risk Reduction Reintegration Tip Card utilized, as required				
Execute reunion and homecoming ceremonies				
Safety briefings conducted on POV, etc.				
Operator Licenses, registrations, insurance policies, and safety inspections verified				
Preseparation counseling (DD Form 2648-1) for RC Soldiers conducted				
ACAP services provided to affected Soldiers				
Soldiers who PCS and TCS complete the DCS process, as required				
Soldiers encouraged to communicate with family throughout the deployment cycle				
<b>Personnel Service Center</b>				
DD Form 93 (Record of Emergency Data) updated, as required				
VA Form SGLV 8285, (Request for Insurance (SGLI)) completed, as required				
VA Form SGLV 8286, (Service Member's Group Life Insurance) completed, as required				
VA Form SGLV 8285A, (Request for Family Coverage (SGLI)) completed, as required				
VA Form SGLV 8286A, (Family Coverage Election (SGLI)) completed, as required				
Eligibility for overseas deployment (AR 614-30, Overseas Service) verified, as required				
Soldiers and family members educated regarding the impact of personnel policies				
Ensured all Soldiers processed correctly				
RC Soldiers advised of 18-year sanctuary				
RC Soldiers reenrolled in MGIB and state tuition assistance programs				
MMRB, MEB, PEB conducted, as required				
SIGNATURE OF CERTIFYING OFFICIAL	8b. E-MAIL ADDRESS		DATE (YYYYMMDD)	

NAME (Last, First Middle)		SSN			
Deployment Cycle Support Tasks		DCS VALIDATION			
		COMPLETED	NOT COMPLETED	NA	DATE (YYYYMMDD)
<b>SECTION VI - Post - Deployment Stage</b> (Continued)					
<b>Unit Ministry Team / Installation Chaplain</b>					
Suicide Awareness and Prevention training conducted, as required					
Families with reported stress and separation issues identified, as required					
Small group discussions on deployment experiences facilitated, as required					
Spouses provided opportunity to take marital assessment					
Soldiers complete marital assessment instrument					
Post-Deployment Battlemind training for Soldiers conducted					
<b>Medical / Dental Health Teams</b>					
Individuals screened for medical profile geographic or climate duty limitations, as required					
Medical record review conducted					
TRICARE benefits briefing conducted					
Soldiers with behavioral or health issues referred, as required					
Medical Threat briefing conducted, as required					
Negative health-related behaviors treated and documented (DD Form 2796), as required					
Health care extended to DA civilians for deployment related conditions					
DA Form 3349 (Medical Profile) completed					
Initial TB Test completed					
Serum specimens drawn at return to home station (AA) / and DEMOB Station (RC)					
Permanent health record updated with deployment health record					
<b>Military Pay Office</b>					
Current status of DoD charge card holders reviewed					
Travel advance provided for Soldiers with TCS orders					
Financial briefings conducted					
Allotment changes expedited					
BAH for AGR Soldiers adjusted					
Entitlements / Special Pay reviewed					
SIGNATURE OF CERTIFYING OFFICIAL		8b. E-MAIL ADDRESS			DATE (YYYYMMDD)

NAME (Last, First Middle)		SSN		
Deployment Cycle Support Tasks	DCS VALIDATION			
	COMPLETED	NOT COMPLETED	NA	DATE (YYYYMMDD)
<b>SECTION VI - Post - Deployment Stage (Continued)</b>				
<b>Legal Assistance Office</b>				
Wills updated, as required				
Power of Attorney Provided, as required				
Counseling on civil matters provided, as required				
Personnel informed on legal rights under Servicemember's Civil Relief Act (SCRA), as required				
RC personnel informed on legal rights under SCRA				
Legal assistance to RC Soldiers provided, as required				
Tax classes / information for spouses provided, as required				
Claims for personal property submitted				
<b>Installation Management Command</b>				
Family Readiness staff shortages (ACS / FAC) identified, as required				
AA and RC Family Readiness Groups educated on available services, as required				
Families educated about services provided through Military OneSource, as required				
Families identified and referred who have experienced major problems, as required				
DA civilians referred to the Employee Assistance Program Coordinator, as required				
DA civilians informed of the Office of Worker's Compensation Programs process				
Operation READY Reunion / Reintegration training for Soldiers and spouses				
Operation Ready Communication with Spouses, Families, and Children training				
Operation Ready Post-Deployment Battlemind training for families completed				
<b>DEERS / RAPIDS / ID Card Office</b>				
ID Cards / ID Tags updated, as required				
DEERS / RAPIDS enrollment completed, as required				
SIGNATURE OF CERTIFYING OFFICIAL	8b. E-MAIL ADDRESS		DATE (YYYYMMDD)	

DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT DRUM  
10000 10<sup>TH</sup> MOUNTAIN DIVISION DRIVE  
FORT DRUM, NEW YORK 13602-5000

ORDER 222-720

10 AUGUST 2009

2<sup>ND</sup> BRIGADE COMBAT TEAM (WBDAAA) FORT DRUM, NEW YORK 13602-5000

**THE FOLLOWING UNIT ACTION IS DIRECTED: GROUP TRAVEL AND TRANSPORTATION**

**ACTION:** The above Organization is DEPLOYED in a temporary change of station (TCS) as shown below in Support of OPERATION IRAQI FREEDOM and are to return to your permanent station upon completion of the duties in support of this operation. You will submit a reviewed voucher for this travel to the finance office within 5 working days after return to home station.

**ASSIGNED TO:** 2<sup>ND</sup> BRIGADE COMBAT TEAM (WBDAAA) UNITED STATES CENTRAL COMMAND AREA OF RESPONSIBILITY (IRAQ)  
**EFFECTIVE DATE:** 1 OCTOBER 2009

**DEPLOYMENT PERIOD:** 365 DAYS OR UNTIL MISSION COMPLETION

**ACCOUNTING CLASSIFICATION:** SEE ATTACHED ANNEX FOR ACCOUNTING CLASSIFICATIONS

(FY10/11 AVAILABILITY IS CONTINGENT ON CONGRESS ENACTING APPROPRIATIONS OR AUTHORIZING OPERATIONS UNDER A CONTINUING RESOLUTION)

**IMCOM ISSUED CONTROL NUMBER:** SEE ATTACHED ANNEX

**CIC:** SEE ATTACHED ANNEX

**MOVEMENT DESIGNATOR CODE:** PME10/PMO10

**ADDITIONAL INSTRUCTIONS:**

- (A) This is a temporary change of station (TCS). Normal PCS entitlements, allowances and relocation of family members are not authorized. Consolidated Personnel Policy Guidance (PPG) for operations Iraqi Freedom, and Enduring Freedom is on the DCS, G-1 web site: <http://www.armyg1.army.mil/militarypersonnel/policy.asp>
- (B) Soldiers are authorized 4 duffle bags- (1) one personal bag, (2) two issued bags of OCIE and 1 standard carry-on bag that meets AMC/Contracted flights standards. Size maximum 25x42 or Ruck size 15x10x22; with a maximum weight of 50 pounds. When AMC or contracted transportation is not available, reimbursement of authorized checked baggage on commercial flights weighing more than 50 pounds to a max of 70 pounds per bag authorized as excess baggage. Upon redeployment from theater Soldiers issued additional OCIE under the Rapid Fielding Initiative (RFI) are authorized a shipment of one additional bag not to exceed 70 pounds, if not transported as part of a Military shipment. Each Soldier will bring only those items specified by the PPG or other appropriate authority. You will be provided a list of those items from your company. This is the maximum quantity of authorized baggage; however, fewer bags can be taken if Soldier can fit equipment and personal items into a lower number of duffle bags. Each duffle bag must not exceed 70 pounds. **No footlockers or commercial suitcases are authorized for movement.** Soldier will only bring those items specified in chapter 6 of the PPG. Soldier will be provided a list of those items from unit Commander. Reimbursement of authorized checked baggage on commercial flights weighing more than 50 pounds to a max of 70 pounds per bag authorized as excess baggage.
- (C) Government quarters and dining facilities will be used at the Replacement activity and during deployment. Essential unit mess has been declared by the Assistant Secretary of the Army (Manpower and Reserve Affairs) ASA (M&RA) For the Mobilization and Demobilization Sites not to exceed (10) Days. MOSQ location will provide quarters and mess. The Installation Commander will make separate determinations as to the availability of mess and quarters and as a last resort will issue a Statement of Non-availability Statement/Certificate of Non-availability. Per Diem payable is \$3.00 per day for CONUS and \$3.50 per day for OCONUS. Per Diem will normally be paid for the travel to gaining station, or Replacement activity unless prohibited by travel circumstances.
- (D) For Active Duty Soldiers, basic allowance for housing (BAH) is based upon permanent duty station. For Reserves and Retired members called or ordered to active duty BAH is based on their principal place of residence when called or ordered to the tour of active duty. Pay entitlements will be based on location IAW DODFMR and applicable messages and regulations.
- (E) Unit is required to submit PERSTEMPO information using flight manifest data. Do not submit departure transactions on unit deployed. Ensure MDC of "PM" is included.
- (F) During period of deployment, gaining/deployed unit Commander has responsibility for personnel service support to include awards and decorations; UCMJ, and all other forms of personnel and legal administration support except Reserve Component promotion authority.
- (G) Temporary storage of HHG may be authorized, at Government expense for period of contingency operations as provided by paragraph U4770-A, Joint Federal Travel Regulation for single personnel (both AC and RC), Soldier married to another Soldier when both are deployed and single Soldier parents when a childcare plan requires dependents to leave the residence. Contact the local transportation office for assistance. This may impact on the authorization for BAH. Storage of one privately owned vehicle may be authorized. Soldier must contact the supporting installation transportation officer for requirements. Soldier must complete arrangements requiring personal presence. Temporary duty (TDY) household goods weight allowance is authorized for CONUS and OCONUS based on personnel that are on active duty for a period greater than 200 days, excluding those areas designated as hostile fire/imminent danger pay areas. Contact the Installation Transportation Office, Clark Hall, 2d floor, at 772-6384 for assistance.

ORDER 222-720 USA IMCOM HQ USAG FORT DRUM, NEW YORK 13602-5000, DATED 10 AUG 09

(H) Soldier Readiness Processing will be accomplished prior to departure from losing installation/home station as stated in AR 614-30 (Overseas Service), AR 600-8-101 (In-Out and Mobilization Processing) AND DCS, G-1 Personnel Policy Guidance. If the regulations conflict, follow instructions in AR 614-30 unless otherwise directed by the DCS, G1 PPG. Commander will ensure that the completion of the Readiness Processing requirements and Deployment Checklist will be included in every Soldiers Deployment packet. This requirement includes Soldiers departing on TCS orders individually or as a unit. Soldier will hand carry out-processing packet; Field Military Personnel Records Jacket (MPRJ) a long with associated transfer documents, records and deployment packet to the gaining PSC or deployment activity. Deployment packet must contain documents as outlined in the PPG. All Soldiers DD Form 93 and SGLV must be reviewed and updated as required prior to deployment as stated in AR 600-8-1. MPRJ, Medical and Dental records will not be forwarded or carried to theater of operations. These records will be maintained at the servicing home station PSB/MPD.

(I) Passports and VISA are not required, however, Soldiers are encouraged to deploy with passport if they currently have them.

(J) Air travel arrangements/bookings in conjunction with these orders must be arranged through a Government Transportation Officer. Returning Soldiers traveling commercial under emergency conditions must have a DA FORM 31 annotated that MAC transportation is not available and is signed by the Transportation Officer in theater.

(K) The theater will publish amendments to unit and individual orders anytime a Soldier changes their location out of the theater of operation. Soldiers who have to medically evacuate to Germany for injury or sickness, orders must be issued to reflect any location changes. If a Soldier is evacuated to Germany for treatment and then further evacuated to CONUS for additional treatment, the hospital in Germany must then publish orders. The immediate Command authority who controls the Soldier must publish orders to keep track of Soldier's movement. In addition to orders, a Line of Duty investigation must be initiated to cover injury/sickness to ensure Soldiers receive correct entitlements.

(L) The return of war trophies to the states is prohibited. Soldiers will not accept "ANY SOLDIER MAIL" for transport to theater of operations.

(M) Use of leave during this deployment is recommended for all Soldiers. A copy of the leave record will be submitted upon completion of this operation during this period with the final settlement voucher. If Unable to take leave during this period, a payment of unused leave is authorized with no impact to career leave sell back of 60 days.

FORMAT: 745

FOR THE COMMANDER:

★ ★ ★ ★ ★ ★ ★ ★ ★ ★  
★ OFFICIAL ★  
★ FORT DRUM, NY ★  
★ ★ ★ ★ ★ ★ ★ ★ ★ ★

JAMES A. SWORDS  
CHIEF, MILITARY  
PERSONNEL DIVISION

DISTRIBUTION  
INDIV (187)  
CDR, 2D BCT, ATTN: S1, FORT DRUM, NY (1)

DIRECT INQUIRIES CONCERNING THIS ORDER TO PERSONNEL SERVICE BRANCH, FORT DRUM, NEW YORK DSN: 772-5631.



SSN ANNEX ORDER 222-720, DTD 10 AUGUST 2009  
HHC 2D BCT

NAME	SSN	GRADE	UIC	UNIT
ABEL DANIEL BENJAMIN	(b) (6)	SPC	WBDAAA	HHC 2BCT
ADAMS JASON DELACE		MAJ	WBDAAA	HHC 2BCT
ADKINS PAUL DAVID		MSG	WBDAAA	HHC 2BCT
AIKEY ADAM JASON		SGT	WBDAAA	HHC 2BCT
APPLEWHITE LORNCÉ LAMONT JR		SGT	WBDAAA	HHC 2BCT
ARMSTRONG SHAWNE PATRICK		MAJ	WBDAAA	HHC 2BCT
BAKER ERIC STEPHEN		PFC	WBDAAA	HHC 2BCT
BALDWIN MELVIN JAMES		SSG	WBDAAA	HHC 2BCT
BALONEK KYLE JACOB		SSG	WBDAAA	HHC 2BCT
BARNETT CLIFTON C		2LT	WBDAAA	HHC 2BCT
BENJAMIN JAMAL JONATHAN		SFC	WBDAAA	HHC 2BCT
BENTHAL JOSEPH MATTHEW		SGT	WBDAAA	HHC 2BCT
BLUÉ SHERLONDA LAJUNE		SFC	WBDAAA	HHC 2BCT
BOURNE RICHARD ALLEN		SGT	WBDAAA	HHC 2BCT
BOUVIA PETER HOWARD		SGT	WBDAAA	HHC 2BCT
BRYAN BRANDON MARCEL		SPC	WBDAAA	HHC 2BCT
BURRETT JENNIE MARIE		SGT	WBDAAA	HHC 2BCT
BUSH HAROLD MARK		SSG	WBDAAA	HHC 2BCT
CALLAGHAN JOSEPH MICHAEL		SGT	WBDAAA	HHC 2BCT
CALZADA ROBERTO		SSG	WBDAAA	HHC 2BCT
CARDOZO FELIPE ANTHONY		CW2	WBDAAA	HHC 2BCT
CAUDLE SHAWN MAURICE		SFC	WBDAAA	HHC 2BCT
CHAMPAGNE ROBERT THOMAS		SPC	WBDAAA	HHC 2BCT
CHARITY HERBERT NELSON		LTC	WBDAAA	HHC 2BCT
CHRABOT MICHAEL PETER		SPC	WBDAAA	HHC 2BCT
CLAUSEN CLIFFORD DALE		MAJ	WBDAAA	HHC 2BCT
COBBS JOE EDDIE		MSG	WBDAAA	HHC 2BCT
COLLINS BETH ANN		SPC	WBDAAA	HHC 2BCT
COLLINS COUNTEE III		PFC	WBDAAA	HHC 2BCT
(b) (7)(C), (b)		PFC	WBDAAA	HHC 2BCT
DALBEY JOHN DRYDEN		MAJ	WBDAAA	HHC 2BCT
DEAN EARL CLAYTON JR		2LT	WBDAAA	HHC 2BCT
DEBLOIS ROBERT RICHARD		SGM	WBDAAA	HHC 2BCT
DELAPAZ CARLOS MANUEL JR		SPC	WBDAAA	HHC 2BCT
DISILVIO MICHAEL		SPC	WBDAAA	HHC 2BCT
DOLLARHIDE ERIC JAMES		SGT	WBDAAA	HHC 2BCT
DOUGLAS DUSTIN JAMES		PFC	WBDAAA	HHC 2BCT
DREHER ELIJAH ARUNDEL		CPT	WBDAAA	HHC 2BCT
EARLY WILLIAM DOUGLAS		SPC	WBDAAA	HHC 2BCT
EASTEP CHAD EVERICK		WO1	WBDAAA	HHC 2BCT
EHRESMAN JOSHUA DAVID		WO1	WBDAAA	HHC 2BCT
ELDER RANDALL PAUL		SPC	WBDAAA	HHC 2BCT
ERICKSON SETH JOSEPH		CPL	WBDAAA	HHC 2BCT
FIELDS ELIZABETH A		2LT	WBDAAA	HHC 2BCT
FORD ROLAND CLAYTON III		MAJ	WBDAAA	HHC 2BCT
FORSYTH JOHN ANDREW		CPT	WBDAAA	HHC 2BCT
FREEBURG MATTHEW WAYNE		CPT	WBDAAA	HHC 2BCT
GERHARDT BRANDON SCOTT		CPL	WBDAAA	HHC 2BCT
GORDON KEITH D JR		SFC	WBDAAA	HHC 2BCT
GRAHAM HOOD DAMESHA LASHAWN		SGT	WBDAAA	HHC 2BCT
GRAHAM WILLIAM ROGER		CW4	WBDAAA	HHC 2BCT

SSN ANNEX ORDER 222-720, DTD 10 AUGUST 2009  
HHC 2D BCT

NAME	SSN	GRADE	UIC	UNIT
GUERRERO DORIAN	(b) (6)	PV2	WBDAAA	HHC 2BCT
GUERTIN ANDREW DAVID		PFC	WBDAAA	HHC 2BCT
GUTIERREZ DAVID MANUEL		SGT	WBDAAA	HHC 2BCT
HACK HONDO JUSTIN		CW2	WBDAAA	HHC 2BCT
HAGY DANIEL AARON		SGT	WBDAAA	HHC 2BCT
HAMBLETON JOSEPH MICHAEL		PFC	WBDAAA	HHC 2BCT
HANSEN THOMAS RANDALL		SFC	WBDAAA	HHC 2BCT
HEATON RALPH DAVID		MAJ	WBDAAA	HHC 2BCT
HICKS CODY DALE		SPC	WBDAAA	HHC 2BCT
HOLLINGSWORTH KOHLBY ANTHON		PFC	WBDAAA	HHC 2BCT
HORN KEVIN SCOTT II		PFC	WBDAAA	HHC 2BCT
HOYER BRODIE K		CPT	WBDAAA	HHC 2BCT
HYDE TIMOTHY ALAN		MAJ	WBDAAA	HHC 2BCT
IRISH ERIC LEE		SFC	WBDAAA	HHC 2BCT
JANDA JAMES ANDREW		MAJ	WBDAAA	HHC 2BCT
JOHNSON BRANDON RAY		SGT	WBDAAA	HHC 2BCT
JOHNSON PAULINE ADELL		SPC	WBDAAA	HHC 2BCT
JOHNSON SUMMER PAIGE		PV2	WBDAAA	HHC 2BCT
JONES JOSHUA G HENR		SGT	WBDAAA	HHC 2BCT
JOY DAN TODD		PV2	WBDAAA	HHC 2BCT
KARST WAYNE ALLEN		SSG	WBDAAA	HHC 2BCT
KEETON JEREMIAH LEE		SSG	WBDAAA	HHC 2BCT
KELLEHER JAMES ANDREW		SGT	WBDAAA	HHC 2BCT
KERNS BRIAN DOMENIC		MAJ	WBDAAA	HHC 2BCT
KJELSHUS SHERWIN H		CW2	WBDAAA	HHC 2BCT
KLUMP DARYL PAUL		SGT	WBDAAA	HHC 2BCT
KOOL JASON ELLIOT		SFC	WBDAAA	HHC 2BCT
KUBIC MICHAEL ALLEN		PFC	WBDAAA	HHC 2BCT
LANDON JEREMY WILLIAM		PFC	WBDAAA	HHC 2BCT
LEARY CRAIG PAUL		PFC	WBDAAA	HHC 2BCT
LELOY DANIEL JAMESROUSSEAU		PFC	WBDAAA	HHC 2BCT
LEWIS ANDREW R		CPT	WBDAAA	HHC 2BCT
LEWIS JAMIE LEE		SGT	WBDAAA	HHC 2BCT
LEWIS SCOTT JOSEPH		SPC	WBDAAA	HHC 2BCT
LIGGETT CLAYTON EDWARD		SGT	WBDAAA	HHC 2BCT
LINDSAY CHADD JOSEPH		SSG	WBDAAA	HHC 2BCT
LIPPINCOTT KEVIN ALAN		SSG	WBDAAA	HHC 2BCT
LODER THOMAS ANDREW		SGT	WBDAAA	HHC 2BCT
LONG FREDRICK JEROME		SFC	WBDAAA	HHC 2BCT
LONG JAMES ROBERT II		SGT	WBDAAA	HHC 2BCT
LOPEZ ELIZABETH LAUREL		CPT	WBDAAA	HHC 2BCT
LUSK JEREMY ALAN		SGT	WBDAAA	HHC 2BCT
LYONS ALFRED BENJAMIN		CW2	WBDAAA	HHC 2BCT
MACKLIN CARLA LAVERNE		SFC	WBDAAA	HHC 2BCT
MACLEAN KEVIN RICHARD		SSG	WBDAAA	HHC 2BCT
MAGESTRO MARK LOUIS		SGT	WBDAAA	HHC 2BCT
MALINOWSKI MARK JOSEPH		SSG	WBDAAA	HHC 2BCT
MANIBUSAN CARL JOHN		SSG	WBDAAA	HHC 2BCT
MANNING BRADLEY EDWARD		PFC	WBDAAA	HHC 2BCT
MARIUR JENSON CHADDY		SGT	WBDAAA	HHC 2BCT
MARSHALL KYRA JAREE		SPC	WBDAAA	HHC 2BCT

SSN ANNEX ORDER 222-720, DTD 10 AUGUST 2009  
HHC 2D BCT

NAME	SSN	GRADE	UIC	UNIT
MATTEO DAVID YOUNG	(b) (6)	SFC	WBDAAA	HHC 2BCT
MAY KIMBERLEIGH ANNE		PFC	WBDAAA	HHC 2BCT
MCCANN CECILIA AGNES		CW2	WBDAAA	HHC 2BCT
MCFARLANE JUSTIN AARON		SPC	WBDAAA	HHC 2BCT
MCPHEETERS JOSEPH PATRICK		CPL	WBDAAA	HHC 2BCT
MILLER DAVID MATTHEW		COL	WBDAAA	HHC 2BCT
MILLER JONATHAN PAUL		MAJ	WBDAAA	HHC 2BCT
MILLER RUSSELL RAY		SGT	WBDAAA	HHC 2BCT
MINCKLER RYAN E		CPT	WBDAAA	HHC 2BCT
(b) (6)			WBDAAA	HHC 2BCT
MITCHELL XAVIER		SGT	WBDAAA	HHC 2BCT
MOLL MICHAEL BRYAN		PFC	WBDAAA	HHC 2BCT
MONTGOMERY LATONYA WATNETOR		CW2	WBDAAA	HHC 2BCT
MONTOUR JOSEPH ALLEN		CSM	WBDAAA	HHC 2BCT
MOORE JON PATRICK		MAJ	WBDAAA	HHC 2BCT
MOORE MICHAEL RAY		SGT	WBDAAA	HHC 2BCT
MORGAN RYAN JOSEPH		MAJ	WBDAAA	HHC 2BCT
MORRIS BRYAN JOHNSTONE		PFC	WBDAAA	HHC 2BCT
MORRIS WATEMON MAURICE JR		SGT	WBDAAA	HHC 2BCT
MORROW JASON ANDREW		MAJ	WBDAAA	HHC 2BCT
MOY CHRISTOPHER RYAN		SGT	WBDAAA	HHC 2BCT
NAYLOR WILLIAM E III		SPC	WBDAAA	HHC 2BCT
NIVEN JAMES RANDALL		PFC	WBDAAA	HHC 2BCT
OAKLEY BRYAN KELLY		SSG	WBDAAA	HHC 2BCT
OWENS MICHAEL JOSEPH		PFC	WBDAAA	HHC 2BCT
PARKER MARCUS THOMAS		PV2	WBDAAA	HHC 2BCT
PARSONS MATTHEW AARON		SGT	WBDAAA	HHC 2BCT
PATE CAITLYN NOEL		PFC	WBDAAA	HHC 2BCT
PAYNE DOMINIQUE DEAIRA		PFC	WBDAAA	HHC 2BCT
PEARSON BRANDON MICHAEL		PFC	WBDAAA	HHC 2BCT
PEDIGO JOSEPH ALEXANDER		SGT	WBDAAA	HHC 2BCT
PENAFIEL JOE CARLO MCBRIDE		CW2	WBDAAA	HHC 2BCT
PERALTA JOHNNY FRANKIE		SFC	WBDAAA	HHC 2BCT
PERSON KENNETH ANDREW		PFC	WBDAAA	HHC 2BCT
PINKINS AKEYRA SHARMAINE		PFC	WBDAAA	HHC 2BCT
PITRE SAMARA LYN		MSG	WBDAAA	HHC 2BCT
PRICE TERRELL LEE		SSG	WBDAAA	HHC 2BCT
PROCHNIAK SCOTT EDWARD		CW3	WBDAAA	HHC 2BCT
RIDER STEVEN MICHAEL		SFC	WBDAAA	HHC 2BCT
RIGGINS CORY DEMOND		SSG	WBDAAA	HHC 2BCT
RIVERA DAGOBERTO LOPEZ		PFC	WBDAAA	HHC 2BCT
RIVERA KHRYSIARRA BROOKE		PFC	WBDAAA	HHC 2BCT
ROQUE JAZEL AGNI		SPC	WBDAAA	HHC 2BCT
ROSE MICHAEL GLEN		SFC	WBDAAA	HHC 2BCT
RUSHING NATASCHA RACHEL		SPC	WBDAAA	HHC 2BCT
SACCOMEN FRANK TONY III		SGT	WBDAAA	HHC 2BCT
SALAZAR KENNETH ALLEN		SPC	WBDAAA	HHC 2BCT
SAMUELSEN ROBERT ERLING II		MAJ	WBDAAA	HHC 2BCT
SAVAGE ALAN THOMAS		MAJ	WBDAAA	HHC 2BCT
SCHMAL JOSHUA MICHAEL		PV2	WBDAAA	HHC 2BCT
(b) (6)			WBDAAA	HHC 2BCT

SSN ANNEX ORDER 222-720, DTD 10 AUGUST 2009  
HHC 2D BCT

NAME	SSN	GRADE	UIC	UNIT
SCHWIND JEFFREY SCOTT	(b) (6)	SFC	WBDAAA	HHC 2BCT
SEXTON JACKIE RAY		PFC	WBDAAA	HHC 2BCT
SHAKESPEARE ERIC SEVERT		SSG	WBDAAA	HHC 2BCT
SHARPE BRANDY LYNN		SGT	WBDAAA	HHC 2BCT
SHEPPARD DANIELLE ERICKA		SGT	WBDAAA	HHC 2BCT
SHOWMAN JIHRLEAH WITNEY		SPC	WBDAAA	HHC 2BCT
SMITH ADAM RICHARD		SSG	WBDAAA	HHC 2BCT
SMITH JAMES LORENZO		SPC	WBDAAA	HHC 2BCT
SMITH LEROY OLANZO		SSG	WBDAAA	HHC 2BCT
STEELE HEIDI MIRANDA		CPT	WBDAAA	HHC 2BCT
STOLL KEVIN JOSEPH		MAJ	WBDAAA	HHC 2BCT
STONER TODD JAMES		SSG	WBDAAA	HHC 2BCT
SULLIVAN MAUREEN BROOKE		PFC	WBDAAA	HHC 2BCT
SUTFIN JOSEPH WILLIAM		SPC	WBDAAA	HHC 2BCT
TAUA JULIA MARIE		SSG	WBDAAA	HHC 2BCT
TAYLOR WANDLYN D		CPT	WBDAAA	HHC 2BCT
TILLMAN WILLIAM JOSEPH		SGT	WBDAAA	HHC 2BCT
TITUS JASON ANDREW		PFC	WBDAAA	HHC 2BCT
TRAUTWEIN ALEX JAMES		PFC	WBDAAA	HHC 2BCT
TREECE RICKY NEAL		SFC	WBDAAA	HHC 2BCT
TRUDEL BRANDON DARRYL		SGT	WBDAAA	HHC 2BCT
URIBE JORGE UVALDO		SFC	WBDAAA	HHC 2BCT
USBECK ERIC HELMUT		1SG	WBDAAA	HHC 2BCT
WALSH SHERI MICHELLE		PFC	WBDAAA	HHC 2BCT
WARY WILLIAM FRANKLIN JR		SSG	WBDAAA	HHC 2BCT
WATERMAN AARON JAMES		PV2	WBDAAA	HHC 2BCT
WEBB NATHEN DARIN		SPC	WBDAAA	HHC 2BCT
WEBER THOMAS ROBERT		PV2	WBDAAA	HHC 2BCT
WILCOX JUSTIN ROBERT		SGT	WBDAAA	HHC 2BCT
WILLIAMS ALLAN GLENN		SGM	WBDAAA	HHC 2BCT
WILLIAMS LATOYA DANIELLE		SSG	WBDAAA	HHC 2BCT
WILSON DARYL DAVID JR		PFC	WBDAAA	HHC 2BCT
YOUNGS MICHAEL THERON JR		SFC	WBDAAA	HHC 2BCT
ZHAO MING		SPC	WBDAAA	HHC 2BCT



CONTROL #	LAST NAME	FIRST NAME	LAST 4	ORDER#	UIC	UNIT	SDN	FUND	CFE	10	CIC
9227-DRU-15AUG09	HICKS	CODY	000-00	222-270	WBDAVA	2D BCT	HIC95651222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	HOLLINGSWORTH	KOHLBY	000-00	222-270	WBDAVA	2D BCT	HOL73571222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	HORN	KEVIN	000-00	222-270	WBDAVA	2D BCT	HOR94601222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	HOYER	BRODIE	000-00	222-270	WBDAVA	2D BCT	HOY1731222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	HYDE	TRICHTY	000-00	222-270	WBDAVA	2D BCT	HYD28397222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	IRISH	EMIC	000-00	222-270	WBDAVA	2D BCT	IRI00261222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JANDA	JAMES	000-00	222-270	WBDAVA	2D BCT	JAN57301222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JOHNSON	BRANDON	000-00	222-270	WBDAVA	2D BCT	JOH43931222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JOHNSON	PAULINE	000-00	222-270	WBDAVA	2D BCT	JOH67501222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JOHNSON	SUMNER	000-00	222-270	WBDAVA	2D BCT	JOH11121222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JONES	JOSHUA	000-00	222-270	WBDAVA	2D BCT	JON07131222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	JOY	DAN	000-00	222-270	WBDAVA	2D BCT	JOY35621222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KARST	WYANNE	000-00	222-270	WBDAVA	2D BCT	KAR23501222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KEETON	JEREMIAH	000-00	222-270	WBDAVA	2D BCT	KEE96921222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KELLER	JAMES	000-00	222-270	WBDAVA	2D BCT	KEI22521222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KERNS	BRIAN	000-00	222-270	WBDAVA	2D BCT	KER96651222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KJELSHUS	SHERWIN	000-00	222-270	WBDAVA	2D BCT	KJEL9041222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KLUMP	DARL	000-00	222-270	WBDAVA	2D BCT	KLUM2891222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KOOL	JASON	000-00	222-270	WBDAVA	2D BCT	KOO12461222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	KUBIC	MICHAEL	000-00	222-270	WBDAVA	2D BCT	KUB22591222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LANDON	JEREMY	000-00	222-270	WBDAVA	2D BCT	LAN9571222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LEARY	CEAIG	000-00	222-270	WBDAVA	2D BCT	LEA5411222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LEBOY	DANIEL	000-00	222-270	WBDAVA	2D BCT	LEB49161222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LEWIS	ANDREW	000-00	222-270	WBDAVA	2D BCT	LEW4621222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LEWIS	JAMIE	000-00	222-270	WBDAVA	2D BCT	LEW6361222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LEWIS	SCOTT	000-00	222-270	WBDAVA	2D BCT	LEW4331222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LIGEY	CLAYTON	000-00	222-270	WBDAVA	2D BCT	LIG5631222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LONISAY	CHAOD	000-00	222-270	WBDAVA	2D BCT	LON6531222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LUPKIN	KEVIN	000-00	222-270	WBDAVA	2D BCT	LUP9741222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LODER	THOMAS	000-00	222-270	WBDAVA	2D BCT	LOD54491222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LONG	FREDRICK	000-00	222-270	WBDAVA	2D BCT	LOM3421222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LONG	JAMES	000-00	222-270	WBDAVA	2D BCT	LOM3421222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LOPEZ	ELIZABETH	000-00	222-270	WBDAVA	2D BCT	LOP34491222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LUK	JEREMY	000-00	222-270	WBDAVA	2D BCT	LUS4491222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	LYONS	ALFRED	000-00	222-270	WBDAVA	2D BCT	LYO09071222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MACLIN	CARLA	000-00	222-270	WBDAVA	2D BCT	MAC91861222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MACLEAN	KEVIN	000-00	222-270	WBDAVA	2D BCT	MAC90071222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MAGESTRO	MARK	000-00	222-270	WBDAVA	2D BCT	MAG5451222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MALINOWSKI	MARK	000-00	222-270	WBDAVA	2D BCT	MAL5251222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MANNING	CARL	000-00	222-270	WBDAVA	2D BCT	MAN9691222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MANIBUSAN	BRADLEY	000-00	222-270	WBDAVA	2D BCT	MAN95041222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MARBUR	JERSON	000-00	222-270	WBDAVA	2D BCT	MAR44191222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MARSHALL	KYRA	000-00	222-270	WBDAVA	2D BCT	MAR72931222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MATTEO	DAVID	000-00	222-270	WBDAVA	2D BCT	MAT28501222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MAY	KIMBERLEIGH	000-00	222-270	WBDAVA	2D BCT	MAY37471222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MCCANN	CECELIA	000-00	222-270	WBDAVA	2D BCT	MCC1971222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MCFARLANE	JUSTIN	000-00	222-270	WBDAVA	2D BCT	MCF8151222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MCFEETERS	JOSEPH	000-00	222-270	WBDAVA	2D BCT	MCF28641222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MILLER	DAVID	000-00	222-270	WBDAVA	2D BCT	MIL58341222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MILLER	JOANATHAN	000-00	222-270	WBDAVA	2D BCT	MIL50991222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MULLER	RUSSELL	000-00	222-270	WBDAVA	2D BCT	MUL10171222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MINCKLER	RYAN	000-00	222-270	WBDAVA	2D BCT	MIN46581222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MONTGOMERY	KACHAEL	000-00	222-270	WBDAVA	2D BCT	MNT1251222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MONTGOMERY	LATONYA	000-00	222-270	WBDAVA	2D BCT	MNT04191222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MONTGOMERY	JOSEPH	000-00	222-270	WBDAVA	2D BCT	MNT23821222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MOORE	JON	000-00	222-270	WBDAVA	2D BCT	MOM24831222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MOORE	MICHAEL	000-00	222-270	WBDAVA	2D BCT	MOR96681222720	21	0	2020.0000	2020B1-AZM312161
9227-DRU-15AUG09	MOORE	MICHAEL	000-00	222-270	WBDAVA	2D BCT	MOR1421222720	21	0	2020.0000	2020B1-AZM312161

CONTROL #	LAST NAME	FIRST NAME	LAST 4	ORDER#	UIC	UNIT	SDN	FUND	CITE 10	VIRO	F4210	AZM32E	12161	CIC
9227-DRU-15AUG09	MORGAN	RYAN	000-00	222-270	WBDAAA	2D BCT	MCR39161222720	21 0 2020 0000	BT B1TC 135197 21112A12 (MCR39161222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	MORRIS	BRVAN	000-00	222-270	WBDAAA	2D BCT	MCR62491222720	21 0 2020 0000	BT B1TC 135197 21112A12 (MCR62491222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	MORRIS	WATKINSON	000-00	222-270	WBDAAA	2D BCT	MCR9261222720	21 0 2020 0000	BT B1TC 135197 21112A12 (MCR9261222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	MORROW	JASON	000-00	222-270	WBDAAA	2D BCT	MCR12061222720	21 0 2020 0000	BT B1TC 135197 21112A12 (MCR12061222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	MOY	CHRISTOPHER	000-00	222-270	WBDAAA	2D BCT	MCR94081222720	21 0 2020 0000	BT B1TC 135197 21112A12 (MCR94081222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	MYLOR	WILLIAM	000-00	222-270	WBDAAA	2D BCT	NAV7011222720	21 0 2020 0000	BT B1TC 135197 21112A12 (NAV7011222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	NIVEN	JAMES	000-00	222-270	WBDAAA	2D BCT	NAV90861222720	21 0 2020 0000	BT B1TC 135197 21112A12 (NAV90861222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	OAKLEY	BYRAN	000-00	222-270	WBDAAA	2D BCT	NAV90861222720	21 0 2020 0000	BT B1TC 135197 21112A12 (NAV90861222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	OWENS	MICHAEL	000-00	222-270	WBDAAA	2D BCT	OWA91511222720	21 0 2020 0000	BT B1TC 135197 21112A12 (OWA91511222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PARKER	MARCOUS	000-00	222-270	WBDAAA	2D BCT	OWE40301222720	21 0 2020 0000	BT B1TC 135197 21112A12 (OWE40301222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PARSONS	MATTHEW	000-00	222-270	WBDAAA	2D BCT	PAN96751222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PAN96751222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PATE	CATLYN	000-00	222-270	WBDAAA	2D BCT	PAN96751222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PAN96751222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PAYNE	DOMINIQUE	000-00	222-270	WBDAAA	2D BCT	PAT83301222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PAT83301222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PEARSON	JOSEPH	000-00	222-270	WBDAAA	2D BCT	PAY69631222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PAY69631222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PEJICO	JOSEPH	000-00	222-270	WBDAAA	2D BCT	PEA11291222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PEA11291222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PEMAEIL	JOE	000-00	222-270	WBDAAA	2D BCT	PEO87301222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PEO87301222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PERALTA	KENNETH	000-00	222-270	WBDAAA	2D BCT	PER18021222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PER18021222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PINKINS	JOHNNY	000-00	222-270	WBDAAA	2D BCT	PER6561222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PER6561222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PITRE	SAMARA	000-00	222-270	WBDAAA	2D BCT	PIN16171222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PIN16171222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PRICE	TERRELL	000-00	222-270	WBDAAA	2D BCT	PIT34491222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PIT34491222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	PROCHNIAK	SCOTT	000-00	222-270	WBDAAA	2D BCT	PRB4811222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PRB4811222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	RIDER	STEVEN	000-00	222-270	WBDAAA	2D BCT	PRO0561222720	21 0 2020 0000	BT B1TC 135197 21112A12 (PRO0561222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	RIGGINS	CORY	000-00	222-270	WBDAAA	2D BCT	RID01471222720	21 0 2020 0000	BT B1TC 135197 21112A12 (RID01471222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	RIVERA	DAGOBERTO	000-00	222-270	WBDAAA	2D BCT	RIG28351222720	21 0 2020 0000	BT B1TC 135197 21112A12 (RIG28351222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	RIVERA	JAZEL	000-00	222-270	WBDAAA	2D BCT	RIV06931222720	21 0 2020 0000	BT B1TC 135197 21112A12 (RIV06931222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	ROUPE	MICHAEL	000-00	222-270	WBDAAA	2D BCT	RIV96901222720	21 0 2020 0000	BT B1TC 135197 21112A12 (RIV96901222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	ROSE	NATASHA	000-00	222-270	WBDAAA	2D BCT	ROO474631222720	21 0 2020 0000	BT B1TC 135197 21112A12 (ROO474631222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	RUSHING	FRANK	000-00	222-270	WBDAAA	2D BCT	ROK84201222720	21 0 2020 0000	BT B1TC 135197 21112A12 (ROK84201222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SACCOMEN	KENNETH	000-00	222-270	WBDAAA	2D BCT	RUC2901222720	21 0 2020 0000	BT B1TC 135197 21112A12 (RUC2901222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SALAZAR	KENNETH	000-00	222-270	WBDAAA	2D BCT	SAC0251222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SAC0251222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SAWALESEN	ROBERT	000-00	222-270	WBDAAA	2D BCT	SAL31861222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SAL31861222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SAWALESEN	ALAN	000-00	222-270	WBDAAA	2D BCT	SAM751222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SAM751222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SCHMAL	JOSHUA	000-00	222-270	WBDAAA	2D BCT	SAV1651222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SAV1651222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SEXTON	HEATHER	000-00	222-270	WBDAAA	2D BCT	SCH4371222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SCH4371222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SHAKESPEARE	JACKIE	000-00	222-270	WBDAAA	2D BCT	SCH2341222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SCH2341222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SHARPE	BRANDY	000-00	222-270	WBDAAA	2D BCT	SEK10691222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SEK10691222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SHEPPARD	DANIELLE	000-00	222-270	WBDAAA	2D BCT	SHA28971222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SHA28971222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SHOWMAN	JIHRIEAH	000-00	222-270	WBDAAA	2D BCT	SHA19861222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SHA19861222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SMITH	ADAM	000-00	222-270	WBDAAA	2D BCT	SHD6461222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SHD6461222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SMITH	JAMES	000-00	222-270	WBDAAA	2D BCT	SMI9451222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SMI9451222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SMITH	LEROY	000-00	222-270	WBDAAA	2D BCT	SMI6941222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SMI6941222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	STEELE	HEIDI	000-00	222-270	WBDAAA	2D BCT	SMI1661222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SMI1661222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	STONER	KENIN	000-00	222-270	WBDAAA	2D BCT	STE3661222720	21 0 2020 0000	BT B1TC 135197 21112A12 (STE3661222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SULLIVAN	MAUREEN	000-00	222-270	WBDAAA	2D BCT	STC0861222720	21 0 2020 0000	BT B1TC 135197 21112A12 (STC0861222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	SUTFIN	JOSEPH	000-00	222-270	WBDAAA	2D BCT	SUL28641222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SUL28641222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	TAYLOR	JULIA	000-00	222-270	WBDAAA	2D BCT	SUT53241222720	21 0 2020 0000	BT B1TC 135197 21112A12 (SUT53241222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	TILLMAN	WILLIAM	000-00	222-270	WBDAAA	2D BCT	TAY19441222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TAY19441222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	TITLUS	JASON	000-00	222-270	WBDAAA	2D BCT	TIR81841222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TIR81841222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	TRAUWEIN	ALEX	000-00	222-270	WBDAAA	2D BCT	TIR9781222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TIR9781222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	TRUDELL	RICKY	000-00	222-270	WBDAAA	2D BCT	TIR19181222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TIR19181222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	URBIE	BRANDON	000-00	222-270	WBDAAA	2D BCT	TIR84931222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TIR84931222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	URBIE	JORGE	000-00	222-270	WBDAAA	2D BCT	TRU5261222720	21 0 2020 0000	BT B1TC 135197 21112A12 (TRU5261222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	USBECK	ERIC	000-00	222-270	WBDAAA	2D BCT	URR8591222720	21 0 2020 0000	BT B1TC 135197 21112A12 (URR8591222720)	VIRO	F4210	AZM32E	12161	2020B1-AZM312161
9227-DRU-15AUG09	WALSH	SHERI	000-00	222-270	WBDAAA	2D BCT	URS28681222720	21 0 2020 0000	BT B1TC 135197 2					

ACCOUNT ANNEX ORDER 222-270, DTD 10 AUGUST 2009  
HHC 2D BCT

CONTROL #	LAST NAME	FIRST NAME	LAST 4	ORDER#	UIC	UNIT	SDN	FUND	CITE	10	CIC	
9227-DRU-15AUG09	WARRY	WILLIAM	000-00	222-270	WBDAAA	2D BCT	WAR29601222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WAR29601222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WATERMAN	AARON	000-00	222-270	WBDAAA	2D BCT	WA129437222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WA129437222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WEBB	MATHEN	000-00	222-270	WBDAAA	2D BCT	WEB23971222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WEB23971222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WEBER	THOMAS	000-00	222-270	WBDAAA	2D BCT	WEB85601222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WEB85601222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WILCOX	JUSTIN	000-00	222-270	WBDAAA	2D BCT	WIL31901222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WIL31901222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WILLIAMS	ALLAN	000-00	222-270	WBDAAA	2D BCT	WIL40731222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WIL40731222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	WILSON	DARVA	000-00	222-270	WBDAAA	2D BCT	WIL58791222720	21 0	2020	0000 B1 B1TC 135197 21112112 (WIL58791222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	YOUNGS	MICHAEL	000-00	222-270	WBDAAA	2D BCT	YOU47091222720	21 0	2020	0000 B1 B1TC 135197 21112112 (YOU47091222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161
9227-DRU-15AUG09	ZHAO	MING	000-00	222-270	WBDAAA	2D BCT	ZHA73411222720	21 0	2020	0000 B1 B1TC 135197 21112112 (ZHA73411222720)	VIRO F4210 AZM32E 12161	2020B1AZM312161

(b) (6)



**RECOMMENDATION FOR AWARD**

For use of this form, see HQDA Letter 600-06-1; the proponent agency is DCS, G-1.

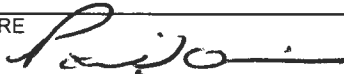
For valor/heroism/wartime and all awards higher than MSM, refer to special instructions in Chapter 3, AR 600-8-22.

1. TO CDR, 2nd BSTB, 10th MTN DIV (LI) APO AE 09308	2. FROM CDR, HHC, 2nd BCT, 10th MTN DIV (LI) APO AE 09308	3. DATE (YYYYMMDD)
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**PART I - SOLDIER DATA**

4. NAME (Last, First, Middle Initial) MANNING, BRADLEY E.	5. RANK SPC	6. SSN (b) (6), (b) (7)(C)
7. ORGANIZATION HHC, 2nd BCT, 10th MTN DIV (LI) (WBDA AAA) APO AE 09308	8. PREVIOUS AWARDS NO AWARDS	
9. BRANCH OF SERVICE	10. RECOMMENDED AWARD  AAM	11. PERIOD OF AWARD a. FROM 20091012 b. TO 20100601
12. REASON FOR AWARD		
12a. INDICATE REASON  SVC	12b. INTERIM AWARD IF YES, STATE AWARD GIVEN  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12c. POSTHUMOUS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
13. PROPOSED PRESENTATION DATE (YYYYMMDD)  20100630		

**PART II - RECOMMENDER DATA**

14. NAME (Last, First, Middle Initial) ADKINS, PAUL D.	15. ADDRESS HHC, 2nd BCT, 10th MTN DIV (LI) APO AE 09308	
16. TITLE/POSITION S2 NCOIC	17. RANK MSG	19. SIGNATURE 
18. RELATIONSHIP TO AWARDEE SUPERVISOR		

**PART III - JUSTIFICATION AND CITATION DATA** (Use specific bullet examples of meritorious acts or service)

20. ACHIEVEMENTS

ACHIEVEMENT #1  
SPC Manning worked as the night shift Violent Extremist Analytical Team Lead. In this capacity, he assisted in the Brigade Commander better understanding the Promise Day Brigade in Zafraniyah. His research and efforts led to the identification of the structure in which this particular group conducted operations and how they targeted United States Forces. His research greatly assisted the subordinate unit with accurate information that led to the disruption of the organization.

ACHIEVEMENT #2  
SPC Manning's persistence led to the disruption of Former Special Groups (FSG) in the New Baghdad area. SPC Manning's tracking of targets led to the identification of enemy support zones that were previously unknown. His analysis led to heavy targeting of insurgent leaders in the area. This effort consistently disrupted their operations. SPC Manning's dedication led to the detention of a Tier-2 level FSG individual within the Commando OE.

ACHIEVEMENT #3  
SPC Manning labored to unravel the Tactics, Techniques and Procedures of the enemy smuggling lines from Iran into Commando OE. SPC Manning identified key routes that were being utilized as well as support zones that aided in the transportation of explosively-formed penetrators (EFPs), Katyusha rockets and various small arms. His analysis aided subordinate units in their plans to disrupt these operations and minimize the flow of these systems into Baghdad.

ACHIEVEMENT #4  
SPC Manning was instrumental in assisting the Brigade S2 and S3 plans sections in regards to mission analysis. SPC Manning produced 20 products for three briefings on topics including enemy situation, future enemy operations and current threat assessments. SPC Manning's in-depth analysis of the areas he covered provided the Brigade S2 and S2 Planner vital information required to lead ground forces to successful mission accomplishment.

21. PROPOSED CITATION  
FOR EXCEPTIONALLY MERITORIOUS SERVICE BETWEEN 11 October 2009 AND 15 July 2010. SPECIALIST BRADLEY E. MANNING'S OUTSTANDING DEDICATION TO SERVICE, PROFESSIONALISM AND EXCEPTIONAL DUTY PROFICIENCY CONTRIBUTED GREATLY TO THE SUCCESS OF COMMANDO BRIGADE'S MISSION. HIS ACTIONS ARE IN KEEPING WITH THE FINEST TRADITIONS OF MILITARY SERVICE AND REFLECT GREAT CREDIT UPON HIMSELF, HEADQUARTERS AND HEADQUARTERS COMPANY, SECOND BRIGADE COMBAT TEAM, UNITED STATES DIVISION - CENTER, AND THE UNITED STATES ARMY.

NAME (Last, First, Middle Initial) MANNING, BRADLEY E.	SSN (b) (6), (b)
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**PART IV - RECOMMENDATIONS/APPROVAL/DISAPPROVAL**

22. I certify that this individual is eligible for an award in accordance with AR 600-8-22; and that the information contained in Part I is correct.	22a. SIGNATURE <i>Jomika Y. Nibbs</i>	22b. DATE (YYYYMMDD)
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23. INTERMEDIATE AUTHORITY	a. TO CDR, 2nd BSTB, 10th MTN DIV (LI) APO AE 09308	b. FROM CDR, HHC, 2nd BCT, 10th MTN APO AE 09308	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input checked="" type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial) FREEBURG, MATTHEW W.	f. RANK CPT
---	----------------

g. TITLE/POSITION COMPANY COMMANDER	h. SIGNATURE <i>Matthew W. Freeberg</i>
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i. COMMENTS <i>Good job</i>
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24. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
--

e. NAME (Last, First, Middle Initial)	f. RANK
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g. TITLE/POSITION	h. SIGNATURE
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i. COMMENTS
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25. INTERMEDIATE AUTHORITY	a. TO	b. FROM	c. DATE (YYYYMMDD)
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d. RECOMMEND: <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
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e. NAME (Last, First, Middle Initial)	f. RANK
---------------------------------------	---------

g. TITLE/POSITION	h. SIGNATURE
-------------------	--------------

i. COMMENTS
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26. APPROVAL AUTHORITY	a. TO ORDERS ISSUING AUTHORITY	b. FROM CDR, 2nd BSTB, 10th MTN DIV (LI) APO AE 09308	c. DATE (YYYYMMDD)
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d. <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> RECOMMEND UPGRADE TO: <input type="checkbox"/> DOWNGRADE TO:
--

e. NAME (Last, First, Middle Initial) WALTER, PAUL R.	f. RANK LTC
--	----------------

g. TITLE/POSITION BATTALION COMMANDER	h. SIGNATURE <i>[Signature]</i>
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i. COMMENTS
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**PART V - ORDERS DATA**

27a. ORDERS ISSUING HQ 2nd BRIGADE SPECIAL TROOPS BATTALION, 10th MOUNTAIN DIVISION	27b. PERMANENT ORDER NO.	31. DISTRIBUTION 1-File 1-OMPF 1-Unit 3-Individual
28a. NAME OF ORDERS APPROVAL AUTHORITY HOLMAN, JAMES E.	28b. RANK 1LT	
28c. TITLE/POSITION ADJUTANT	29. APPROVED AWARD	
28d. SIGNATURE	30. DATE (YYYYMMDD)	




# DEPARTMENT OF THE ARMY

THIS IS TO CERTIFY THAT THE SECRETARY OF THE ARMY HAS AWARDED  
**THE ARMY ACHIEVEMENT MEDAL**

TO  
**SPC BRADLEY E. MANNING**  
**HEADQUARTERS AND HEADQUARTERS COMPANY, 2<sup>ND</sup> BRIGADE COMBAT TEAM**  
FOR  
MERITORIOUS SERVICE BETWEEN 12 OCTOBER 2009 THRU 1 JUNE 2010. SPC MANNING'S  
OUTSTANDING DEDICATION TO SERVICE, PROFESSIONALISM AND EXCEPTIONAL DUTY PROFICIENCY CONTRIBUTED  
GREATLY TO THE SUCCESS OF COMMANDO BRIGADE'S MISSION. HIS ACTIONS ARE IN KEEPING WITH THE FINEST  
TRADITIONS OF MILITARY SERVICE AND REFLECT GREAT CREDIT UPON HIMSELF, HEADQUARTERS AND  
HEADQUARTERS COMPANY, THE 2D BRIGADE COMBAT TEAM, THE 10<sup>TH</sup> MOUNTAIN DIVISION (LIGHT INFANTRY), AND  
THE UNITED STATES ARMY.

FROM 12 OCTOBER 2009 TO 1 JUNE 2010  
GIVEN THIS 30<sup>TH</sup> DAY OF JUNE 2010



  
**PAUL R. WALTER**  
LTC, MI  
Commanding

PO 147-008, 27 MAY 2010  
HHC 2<sup>ND</sup> BCT 10<sup>TH</sup> MTN DIV  
COS HAMMER, IRAQ 09308

(b) (6)



(b) (6)



(b) (6)



(b) (6)



**RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ**

For use of this form, see AR 27-10, Chapter 3; the proponent agency is UTJAG-CL

NAME & SSN MANNING, Bradley E. <b>(b) (6)</b>	GRADE E4	UNIT & LOCATION HHC, 2d BCT, COS Hammcr, Iraq APO AE 09308	MONTHLY BASE PAY \$2,086.30
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1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct:

In that you, did, at COS Hammcr, Iraq on or about 8 May 2010, unlawfully strike SPC Jihrlcah Shoman in the face with a closed fist. This is in violation of Article 128, UCMJ

**(END OF CHARGES)**

2. Page three of this form lists your rights and the maximum punishment that may be imposed. In deciding what to do, you have the right to consult with legal counsel located at USA Trial Defense Service, Camp Liberty, Iraq APO AE 09344. You now have 48 hours to decide what to do.

DATE 2010 05 20	NAME, RANK, AND ORGANIZATION OF COMMANDER MATTHEW W. FREEBURG, CPT, HHC, 2D BCT	SIGNATURE <i>Matthew W. Freeburg</i>
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3. Having been afforded the opportunity to consult with counsel and understanding my rights listed on page three of this form, my decision is as follows: (Initial appropriate blocks, date, and sign)

- a.  Demand trial by court-martial.
- b.  I do not demand trial by court-martial and in the Article 15 proceedings:
- (1) I request the hearing be  Open.  Closed.
  - (2) A person to speak in my behalf  Is  Is not requested.
  - (3) Matters in defense, extenuation, and/or mitigation:
    - Are not presented.  Are attached.  Will be presented in person.

DATE 24 MAY 10	NAME AND RANK OF SERVICE MEMBER BRADLEY E. MANNING, SPC	SIGNATURE <i>Bradley E. Manning</i>
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- 4a. In a(n)  Open  Closed hearing, having considered all matters presented, I hereby make the following findings:
- Guilty of All Specifications.  Guilty of Some Specifications (line out Not Guilty Specifications)  Not Guilty of All Specifications (line out all Specifications and sign below)
- Based on my findings, I impose the punishments that are officially recorded in Item 6 of this form.

- 4b. I direct that this DA Form 2627 be filed in the:
- Performance fiche of the OMPF.  Restricted fiche of the OMPF.  <sup>ECNA</sup> as Soldier was an E-4 or below at start of proceedings.

4c. You are advised of your right to appeal to the next superior authority: Cdr, 2d BSTB within five (5) calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated in Item 6.

DATE 24 MAY 10	NAME, RANK, AND ORGANIZATION OF COMMANDER MATTHEW W. FREEBURG, CPT, HHC, 2D BCT	SIGNATURE <i>Matthew W. Freeburg</i>
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5. (Initial appropriate block, date, and sign)
- I do not appeal.  I appeal but do not submit additional matters.  I appeal and submit additional matters.

DATE 24 May 10	NAME OF SERVICE MEMBER BRADLEY E. MANNING	SIGNATURE <i>Bradley E. Manning</i>
-------------------	--	--



NAME & SSN MANNING, Bradley E. (b) (6)		GRADE E4	UNIT & LOCATION IIIIC, 2d BC1. COS Hammer, Iraq APO AE 09308
6. The following punishment is imposed: Reduction to the Grade of E3; Forfeiture of \$446.00 pay per month for one month.			
7. I have considered the appeal and it is my opinion that :			
DATE	NAME, RANK, AND ORGANIZATION OF REVIEWING JUDGE ADVOCATE		SIGNATURE
8. After consideration of all matters presented in the appeal, the appeal is:			
<input type="checkbox"/> Denied. <input type="checkbox"/> Granted as follows:			
DATE	NAME, RANK, AND ORGANIZATION OF COMMANDER		SIGNATURE
9. I have seen the action taken on my appeal.			
DATE	NAME OF SERVICE MEMBER		SIGNATURE
10. ALLIED DOCUMENTS AND/OR COMMENTS :			
1. DA Form 4856 2. DA Form 2823 (x 4) 3. DA Form 3881 4. Flag 5. ERB			W/M

ARTICLE 15 PUNISHMENT WORKSHEET

Soldier's Data: SPC MANNING, Bradley E., HHC, 2d BCT, COS Hammer, Iraq APO AE09308

Imposing Commander: CPT Matthew W. Freeburg Type of Article 15: Company Grade Article 15

Reduction: Soldier may be reduced to E3.

Forfeiture: Maximum of 7 days' pay for one month, not to exceed the following:  
If no reduction imposed: \$486.00  
If Soldier reduced to E3 (whether or not suspended): \$446.00

Deprivation of Liberty Punishments:

Extra Duty: Maximum of 14 days. May be combined with Restriction.

Restriction: Maximum of 14 days. May be combined with Extra Duty. When combined, the maximum period cannot exceed the maximum period allowed for Extra Duty.

Reprimand: May be an oral or written reprimand.

Any punishment may be suspended for up to 180 days.

---

PUNISHMENT IMPOSED:

Reduction to the Grade of: E3. If suspended, then (suspended for NA days) or (reduction below the Grade of NA suspended for NA days).

Forfeiture of \$ \$446.00 (suspend \$ NA of the forfeiture for the number of months selected for a period of NA days).

Extra Duty for NA days. (suspended for NA days).

Restriction for NA days. (suspended for NA days).  
(Normal limits are Company area, Dining/Medical Facility, Place of Worship, and Place of Duty)

Reprimand NA (Oral NA) (Written NA)  
(Reprimands for enlisted Soldiers may be oral or written and oral is typically appropriate. Reprimands of commissioned or warrant officers must be in writing.)

Date Punishment Imposed: 24 MAY 10

Commander's Initials: MWF



DEPARTMENT OF THE ARMY  
THEATER FIELD CONFINEMENT FACILITY  
CAMP ARIFJAN, KUWAIT  
APO AE 09366

Cp Arifjan Shuttle

0030  
0430  
0930  
1830

REPLY TO  
ATTENTION OF

ACEN-ASG-KU-TFCF-CDR

1 October 2009

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Theater Field Confinement Facility (TFCF) requirements for processing U.S. Military/DoD Prisoners

1. The purpose of this memorandum is to facilitate the processing of U.S. military prisoners to the TFCF. TFCF's primary mission is to detain, confine, protect, and sustain both Pre- and Post-Trial U.S. military prisoners, as well as to assist Commanders throughout the CENTCOM AOR in maintaining good order and discipline within their units. Commanders ordering a Service Member (SM) to confinement shall familiarize themselves with unit responsibilities as outlined in AR 27-10, Military Justice, and AR 190-47, The Army Corrections Systems. It is highly recommended that Commanders also consult with their respective Staff Judge Advocates (SJA) prior to transporting SM's to Camp Arifjan for confinement.

2. Unit Commanders shall ensure the SM ordered to confinement has been screened by medical personnel and the results documented in blocks 9 and 10 on their DD Form 2707 (Sep 2005), Confinement Order, within 5 days of reporting to the TFCF indicating the SM is fit for confinement. Female SM's must have a pregnancy test completed within 48 hours prior to arriving at the TFCF and the results annotated on the Confinement Order. In the event of a positive test, Commanders must contact the TFCF Prisoner Services Branch (PSB) immediately to arrange transfer to an appropriate medical facility.

3. Direct coordination between the SJA representing the Command and the TFCF PSB prior to the escorts departure from the unit is mandatory as directed by AR 190-47. Commands shall also electronically scan and email all required intake documentation to the TFCF PSB points of contact listed in paragraph 9 prior to the escorts' departure. Escorts arriving at the TFCF with missing, incomplete, and/or incorrect documentation will likely result in delaying the acceptance and processing of the prisoner.

**NOTE: An error-free Confinement Order (with original signatures and no whiteout corrections) is required for prisoner acceptance and will be retained by the TFCF.**

4. Commands shall provide complete Unit Contact Information (enclosure 1) in order to ensure reliable communication throughout the confinement process. In the event a prisoner is transferred to a CONUS facility, the TFCF PSB will provide a copy of their reassignment orders to the parent command once the move is completed.

5. The following documentation is required prior to the SM being accepted for confinement:

a. Pre-Trial

- ✓ 1) DD Form 2707 (Sep 2005), Confinement Order, as described in paragraph 2 above
- NA 2) DD Form 458 (May 2000), Charge Sheet
- ✓ 3) DA Form 5112 (Sep 2002), Checklist for Pre-Trial Confinement. If supporting documentation is referenced on the DA 5112, it must be included
- ✓ 4) 48/72 Hour Review Memorandum, if completed
- 5) Magistrates Findings Memorandum, if completed
- ✓ 6) Unit Contact Information
- ✓ 7) SM's PCS/TCS Orders into theater
- ✓ 8) Original Medical/Dental Records \*

SUBJECT: TFCF requirements for processing U.S. Military/DoD Prisoners

- ✓ 9) ERB or Personnel Record Files \*
- NA 10) Confinement Extension Requests for Pre-Trial SM's shall be in accordance with USARCENT Theater Confinement Policy, dated 17 January 2007.

## b. Post-Trial (regardless of sentence length)

- 1) DD Form 2707 (Sep 2005), Confinement Order, as described in paragraph 2 above
- 2) DD Form 458 (May 2000), Charge Sheet
- 3) DA Form 4430 (Sep 2002), Result of Trial (or service-specific equivalent) with DNA and Sex Offender Registration information
- 4) DD Form 2329 (Aug 1984), Record of Trial by Summary Court Martial, if applicable
- 5) Pre-Trial Agreement/Offer to Plead Guilty, if applicable
- 6) Unit Contact Information
- 7) DD Form 2704 (Mar 1999), Victim/Witness Certification and Election. Must include full mailing address, phone number with area codes (DSN or VOIP, if applicable) for all victims and witnesses listed. Victims/witnesses listed on any other documents must be listed on the 2704. If there are no victims/witnesses, Section II must be completed.
- 8) SM's PCS/TCS Orders into theater

## c. Post-Trial (sentences over 30 days and/or punitive discharge)

- 1) ERB or Personnel Record Files \*
- 2) Original Medical/Dental Records \*
- 3) Results of Investigation (ROI) indicating MPI/CID/Investigating Officer, if applicable

**\* If Personnel, Medical, and/or Dental Records are not available in theater, an MFR must be provided identifying the location of the records and a point of contact in the event they must be retrieved (provide email address, commercial phone number, DSN phone number, and mailing address).**

6. Unit Commanders will ensure that the prisoner arrives at the TFCF with the recommended items listed below. Unauthorized equipment and/or personal property will be returned to the SM's escorts.

## a. Body Armor (Pre-Trial and prisoners with 30 day or less sentences ONLY) \*

- 1) IBA
- 2) Helmet

**\* IBA and Helmet will be returned to escorts for all Post-Trial prisoners who will be transferred CONUS.**

## b. Clothing

- ✓ 1) DCU/ACU (2-3 sets)
- ✓ 2) DCU Boots (1 pair)
- 3) Black or Green Socks (6-10 pairs)
- 3 - 4) White PT Socks (6-10 pairs)
- ✓ - 5) Underwear (6-10 pairs) - Brown required for transfer CONUS
- ✓ - 6) T-Shirts (6-10 each) - Brown, Sand, or Green only. No Under Armor or comparable brands
- ✓ 7) Prescription Glasses, if applicable (2 pairs)
- 8) Sunglasses (1 pair)
- 9) Shower Shoes (1 pair) - Basic black, no designs
- ✓ 10) Brown towels/washcloths (2 each)
- ✓ 11) Military-issued Belt (1 each)

SUBJECT: TFCF requirements for processing U.S. Military/DoD Prisoners

- ✓12) Work Gloves (1 pair) - Black, Grey, or Tan only
- ✓13) Physical Training Uniform (3 shirts, 3 shorts, long pants, jacket, and running shoes)
- ✓14) Cold Weather Clothing, if appropriate (poly undershirts/underwear, gloves, field jacket, etc.)
- ✓15) Conservative Civilian Attire (1 pair pants and 1 shirt)

## c. Health and Comfort Items

- ✓1) Personal Hygiene Bag (1 each)
- ✓2) Tooth Paste (max 2 tubes)
- ✓3) Tooth Brush (max 2 each) - No electric devices
- ✓4) Deodorant (max 2 each) - No aerosol cans
- ✓5) Shampoo (max 1 bottle)
- ✓6) Bar Soap (max 4 each) - No liquids
- ✓7) Shaving Kit - No electric razors, unless on permanent shaving profile
- ✓8) Shaving Cream (max 2 cans)
- ✓9) Disposable Razors/Blades (max 12 each)
- ✓10) Lip Balm (max 2 each)
- ✓11) Fingernail Clippers (1 each) - No files
- ✓12) Feminine Hygiene Products, if applicable (min 2-week supply)
- ✓13) Pictures (max 10) - No magazine or newspaper cutouts
- ✓14) Books (max 2 each, including a bible)
- ✓15) MOS Study Material (max 2 manuals)
- ✓16) Pre-Paid Phone Card
- ✓17) Approximately \$50.00 Cash

## d. Prohibited Items \*

- 1) Tools or Sharp Objects (knives, multi-tools, fingernail files, etc.)
- 2) Jewelry (with the exception of 1 wedding band without stones and 1 conservative religious medallion)
- 3) Tobacco Products (includes smokeless tobacco)
- 4) Notebooks or Three-Ring Binders
- 5) Matches or Lighters
- 6) Cosmetic Products
- 7) Glass Containers
- 8) Electronic Equipment (iPods, computers, cameras, thumb drives, and cell phones)

\* Other items may be deemed dangerous/inappropriate by the Facility staff upon intake.

7. Escorts shall acquire bus tickets from the service-specific LNO (Tent 2) upon arrival at Ali Al Saleem and notify the TFCF ECP of their approximate departure time before proceeding to Camp Arifjan. Normal intake hours are from 0700 to 2000 unless prior arrangements have been made with PSB Staff.

8. Facility points of contact are listed below:

a. PSB NCOIC	DSN (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
b. PSB NCO	DSN (b) (6), (b) (7)(C)	(b) (6), (b) (7)(C)
c. PSB Cell	COMM (b) (6), (b) (7)(C)	Available 24/7
d. ECP	DSN (b) (6), (b) (7)(C)	Available 24/7
e. Commander	DSN (b) (6), (b) (7)(C)	
f. Deputy	DSN (b) (6), (b) (7)(C)	

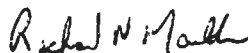
ACEN-ASG-KU-TFCF  
SUBJECT: TFCF requirements for processing U.S. Military/DoD Prisoners

1 October 2009

g. SEL DSN (b) (6), (b)

9. Point of contact for this memorandum is MAC Michael Cunningham, PSB NCOIC.

1 Encl

  
Richard N. Mauldin  
CDR, USN  
Commanding



## CHECKLIST FOR PRETRIAL CONFINEMENT

For use of this form, see AR 27-10; the proponent agency is OTJAG

NAME Manning, Bradley E.		GRADE E-3	UNIT HHC, 2d BCT, 10th MTN DIV (LI)
AGE 22	ETS 20111001		TOTAL SERVICE TO DATE 2 Years, 7 Months
MARRIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WIFE/HUSBAND IN LOCAL AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NUMBER OF CHILDREN <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> OTHER <u>0</u> <small>(Specify)</small>

NUMBER OF ARTICLE 15's: 1

DATE	OFFENSE	PUNISHMENT
24 May 2010	Article 128 - Assault Consummated by a Battery	Reduction to Private First Class (E-3); and Forfeiture of \$446.00.

NUMBER OF PREVIOUS CONVICTIONS: 0

TYPE OF COURT	DATE	ARTICLE	PUNISHMENT

NUMBER OF PRESENT OFFENSES:

ARTICLE	DATE	DESCRIPTION OF OFFENSE <small>(If AWOL, from-to, etc., and whether surrendered or apprehended)</small>
Article 134 (18 U.S.C. § 793)	28 May 2010	Wrongful Transmission of Defense Information
Article 128	8 May 2010	Assault Consummated by a Battery

PRETRIAL CONFINEMENT IS APPROPRIATE BECAUSE:

a. There is probable cause to believe an offense has been committed by the accused. *(List specific reasons why it is believed an offense has been committed by the accused.)*

See attached 72-hour memorandum, dated 29 May 2010.



b. To ensure the accused's presence at trial, pretrial hearing or investigation (List specific reasons why it is believed the accused may not be present and summarize the conduct of the accused which warrants pretrial confinement and tends to indicate the accused is not likely to be available for trial, pretrial hearing or investigation.)

See attached 72-hour memorandum, dated 29 May 2010.

c. To prevent foreseeable serious criminal misconduct including any efforts at obstructing justice. (List specific reasons why it is believed the accused may commit acts of serious criminal misconduct if not incarcerated, particularly if these acts pose a threat to others, the command or national security, and summarize the conduct of the accused which warrants pretrial confinement and tends to indicate the accused may commit future acts of serious criminal misconduct.)

See attached 72-hour memorandum, dated 29 May 2010.

d. Lesser forms of restraint are inadequate. (List the alternatives that have proven inadequate or summarize the reasons why it is believed such alternatives would be inadequate.)

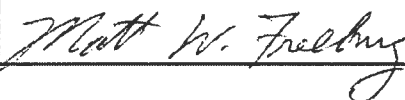
See attached 72-hour memorandum, dated 29 May 2010.

DATE (YYYYMMDD)

20100529

TYPED NAME, RANK, AND ORGANIZATION OF COMMANDER  
MATTHEW W. FREEBURG, CPT, HHC, 2D BCT

SIGNATURE



DECISION OF MILITARY MAGISTRATE

TO: (Addressee(s))

On 20100530, I reviewed the circumstances concerning the continued pretrial confinement of  
(Date) (YYYYMMDD)

PFC BRADLEY E. MANNING. Based upon this review, I. (Check appropriate statement)  
(Name)


Determined that continued pretrial confinement is warranted.

Determined that continued pretrial confinement is not warranted and order his/her release from pretrial confinement.

TYPED NAME, GRADE, AND BRANCH OF MILITARY MAGISTRATE

Kevin M. Ley  
CPT, JA

SIGNATURE



**UNIT CONTACT INFORMATION**

Prisoner Name: PFC Manning, Bradley	Unit: HHC, 2BCT, 10 <sup>th</sup> MTN DIV (LI)
Higher Unit: FORSYTH	Redeployment Date: 15 AUG 10
OCONUS Address/Phone: (Deployed) HHC, 2BCT, 10 <sup>th</sup> MTN DIV (LI) COS HAWAII, APO AE 09508 DSN (b) (6), (b) (7)(C)	CONUS Address/Phone:

Commander: CPT Froehberg, Matthew W.	Email: (b) (6), (b) (7)(C)
DSN & Cell Phone: DSN (b) (6), (b) (7)(C)	AKO Email: (b) (6), (b) (7)(C)

First Sergeant: 1SG Woodworth, Mark S.	Email: SIPR (b) (6), (b) (7)(C)
DSN & Cell Phone: (b) (6), (b) (7)	AKO Email: (b) (6), (b) (7)(C)

S-1 NCOIC: 1MSG Pitre, Samara L.	Email: (b) (6), (b) (7)(C)
DSN & Cell Phone: (b) (6), (b) (7)(C)	AKO Email: (b) (6), (b) (7)(C)

AG Representative: CPT Chris Green	Email: (b) (6), (b) (6), (b) (7)(C)
DSN & Cell Phone: (b) (6)	AKO Email: (b) (6), (b) (7)(C)

Defense Representative: CPT Paul Blanchard	Email:
DSN & Cell Phone: SIPR (b) (6)	AKO Email: (b) (6), (b) (7)(C)

DEPARTMENT OF THE ARMY  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT DRUM  
10000 10<sup>TH</sup> MOUNTAIN DIVISION DRIVE  
FORT DRUM, NEW YORK 13602-5000

ORDER 222-720

10 AUGUST 2009

2<sup>ND</sup> BRIGADE COMBAT TEAM (WBDAAA) FORT DRUM, NEW YORK 13602-5000

**THE FOLLOWING UNIT ACTION IS DIRECTED: GROUP TRAVEL AND TRANSPORTATION**

**ACTION:** The above Organization is DEPLOYED in a temporary change of station (TCS) as shown below in Support of OPERATION IRAQI FREEDOM and are to return to your permanent station upon completion of the duties in support of this operation. You will submit a reviewed voucher for this travel to the finance office within 5 working days after return to home station.

**ASSIGNED TO:** 2<sup>ND</sup> BRIGADE COMBAT TEAM (WBDAAA) UNITED STATES CENTRAL COMMAND AREA OF RESPONSIBILITY (IRAC)

**EFFECTIVE DATE:** 1 OCTOBER 2009

**DEPLOYMENT PERIOD:** 365 DAYS OR UNTIL MISSION COMPLETION

**ACCOUNTING CLASSIFICATION:** SEE ATTACHED ANNEX FOR ACCOUNTING CLASSIFICATIONS

(FY10/11 AVAILABILITY IS CONTINGENT ON CONGRESS ENACTING APPROPRIATIONS OR AUTHORIZING OPERATIONS UNDER A CONTINUING RESOLUTION)

**IMCOM ISSUED CONTROL NUMBER:** SEE ATTACHED ANNEX

**CIC:** SEE ATTACHED ANNEX

**MOVEMENT DESIGNATOR CODE:** PME10/PMO10

**ADDITIONAL INSTRUCTIONS:**

(A) This is a temporary change of station (TCS). Normal PCS entitlements, allowances and relocation of family members are not authorized. Consolidated Personnel Policy Guidance (PPG) for operations Iraqi Freedom, and Enduring Freedom is on the DCS, G-1 web site: <http://www.armyg1.army.mil/militarypersonnel/policy.asp>

(B) Soldiers are authorized 4 duffle bags- (1) one personal bag, (2) two issued bags of OCIE and 1 standard carry-on bag that meets AMC/Contracted flights standards. Size maximum 25x42 or Ruck size 15x10x22; with a maximum weight of 50 pounds. When AMC or contracted transportation is not available, reimbursement of authorized checked baggage on commercial flights weighing more than 50 pounds to a max of 70 pounds per bag authorized as excess baggage. Upon redeployment from theater Soldiers issued additional OCIE under the Rapid Fielding Initiative (RFI) are authorized a shipment of one additional bag not to exceed 70 pounds, if not transported as part of a Military shipment. Each Soldier will bring only those items specified by the PPG or other appropriate authority. You will be provided a list of those items from your company. This is the maximum quantity of authorized baggage; however, fewer bags can be taken if Soldier can fit equipment and personal items into a lower number of duffle bags. Each duffle bag must not exceed 70 pounds. No footlockers or commercial suitcases are authorized for movement. Soldier will only bring those items specified in chapter 6 of the PPG. Soldier will be provided a list of those items from unit Commander. Reimbursement of authorized checked baggage on commercial flights weighing more than 50 pounds to a max of 70 pounds per bag authorized as excess baggage.

(C) Government quarters and dining facilities will be used at the Replacement activity and during deployment. Essential unit mess has been declared by the Assistant Secretary of the Army (Manpower and Reserve Affairs) ASA (M&RA) For the Mobilization and Demobilization Sites not to exceed (10) Days. MOSQ location will provide quarters and mess. The Installation Commander will make separate determinations as to the availability of mess and quarters and as a last resort will issue a Statement of Non-availability Statement/Certificate of Non-availability. Per Diem payable is \$3.00 per day for CONUS and \$3.50 per day for OCONUS. Per Diem will normally be paid for the travel to gaining station, or Replacement activity unless prohibited by travel circumstances.

(D) For Active Duty Soldiers, basic allowance for housing (BAH) is based upon permanent duty station. For Reserves and Retired members called or ordered to active duty BAH is based on their principal place of residence when called or ordered to the tour of active duty. Pay entitlements will be based on location IAW DODFMR and applicable messages and regulations.

(E) Unit is required to submit PERSTEMPO information using flight manifest data. Do not submit departure transactions on unit deployed. Ensure MDC of "PM" is included.

(F) During period of deployment, gaining/deployed unit Commander has responsibility for personnel service support to include awards and decorations; UCMJ, and all other forms of personnel and legal administration support except Reserve Component promotion authority.

(G) Temporary storage of HHG may be authorized, at Government expense for period of contingency operations as provided by paragraph U4770-A, Joint Federal Travel Regulation for single personnel (both AC and RC), Soldier married to another Soldier when both are deployed and single Soldier parents when a childcare plan requires dependents to leave the residence. Contact the local transportation office for assistance. This may impact on the authorization for BAH. Storage of one privately owned vehicle may be authorized. Soldier must contact the supporting installation transportation officer for requirements. Soldier must complete arrangements requiring personal presence. Temporary duty (TDY) household goods weight allowance is authorized for CONUS and OCONUS based on personnel that are on active duty for a period greater than 200 days, excluding those areas designated as hostile fire/imminent danger pay areas. Contact the Installation Transportation Office, Clark Hall, 2d floor, at 772-6384 for assistance.



SSN ANNEX ORDER 222-720, DTD 10 AUGUST 2009  
HHC 2D BCT

NAME	SSN	GRADE	UIC	UNIT
GUERRERO DORIAN	(b) (6), (b)	PV2	WBDAAA	HHC 2BCT
GUERTIN ANDREW DAVID	(7)(C)	PFC	WBDAAA	HHC 2BCT
GUTIERREZ DAVID MANUEL		SGT	WBDAAA	HHC 2BCT
HACK HONDO JUSTIN		CW2	WBDAAA	HHC 2BCT
HAGY DANIEL AARON		SGT	WBDAAA	HHC 2BCT
HAMBLETON JOSEPH MICHAEL		PFC	WBDAAA	HHC 2BCT
HANSEN THOMAS RANDALL		SFC	WBDAAA	HHC 2BCT
HEATON RALPH DAVID		MAJ	WBDAAA	HHC 2BCT
HICKS CODY DALE		SPC	WBDAAA	HHC 2BCT
ANTHON		PFC	WBDAAA	HHC 2BCT
HORN KEVIN SCOTT II		PFC	WBDAAA	HHC 2BCT
HOYER BRODIE K		CPT	WBDAAA	HHC 2BCT
HYDE TIMOTHY ALAN		MAJ	WBDAAA	HHC 2BCT
IRISH ERIC LEE		SFC	WBDAAA	HHC 2BCT
JANDA JAMES ANDREW		MAJ	WBDAAA	HHC 2BCT
JOHNSON BRANDON RAY		SGT	WBDAAA	HHC 2BCT
JOHNSON PAULINE ADELL		SPC	WBDAAA	HHC 2BCT
JOHNSON SUMMER PAIGE		PV2	WBDAAA	HHC 2BCT
JONES JOSHUA G HENR		SGT	WBDAAA	HHC 2BCT
JOY DAN TODD		PV2	WBDAAA	HHC 2BCT
KARST WAYNE ALLEN		SSG	WBDAAA	HHC 2BCT
KEETON JEREMIAH LEE		SSG	WBDAAA	HHC 2BCT
KELLEHER JAMES ANDREW		SGT	WBDAAA	HHC 2BCT
KERNS BRIAN DOMENIC		MAJ	WBDAAA	HHC 2BCT
KJELSHUS SHERWIN H		CW2	WBDAAA	HHC 2BCT
KLUMP DARYL PAUL		SGT	WBDAAA	HHC 2BCT
KOOL JASON ELLIOT		SFC	WBDAAA	HHC 2BCT
KUBIC MICHAEL ALLEN		PFC	WBDAAA	HHC 2BCT
LANDON JEREMY WILLIAM		PFC	WBDAAA	HHC 2BCT
LEARY CRAIG PAUL		PFC	WBDAAA	HHC 2BCT
LELOY DANIEL JAMESROUSSEAU		PFC	WBDAAA	HHC 2BCT
LEWIS ANDREW R		CPT	WBDAAA	HHC 2BCT
LEWIS JAMIE LEE		SGT	WBDAAA	HHC 2BCT
LEWIS SCOTT JOSEPH		SPC	WBDAAA	HHC 2BCT
LIGGETT CLAYTON EDWARD		SGT	WBDAAA	HHC 2BCT
LINDSAY CHADD JOSEPH		SSG	WBDAAA	HHC 2BCT
LIPPINCOTT KEVIN ALAN		SSG	WBDAAA	HHC 2BCT
LODER THOMAS ANDREW		SGT	WBDAAA	HHC 2BCT
LONG FREDRICK JEROME		SFC	WBDAAA	HHC 2BCT
LONG JAMES ROBERT II		SGT	WBDAAA	HHC 2BCT
LOPEZ ELIZABETH LAUREL		CPT	WBDAAA	HHC 2BCT
LUSK JEREMY ALAN		SGT	WBDAAA	HHC 2BCT
LYONS ALFRED BENJAMIN		CW2	WBDAAA	HHC 2BCT
MACKLIN CARLA LAVERNE		SFC	WBDAAA	HHC 2BCT
MACLEAN KEVIN RICHARD		SSG	WBDAAA	HHC 2BCT
MAGESTRO MARK LOUIS		SGT	WBDAAA	HHC 2BCT
MALINOWSKI MARK JOSEPH		SSG	WBDAAA	HHC 2BCT
MANIBUSAN CARL JOHN		SSG	WBDAAA	HHC 2BCT
MANNING BRADLEY EDWARD		PFC	WBDAAA	HHC 2BCT
MARIUR JENSON CHADDY		SGT	WBDAAA	HHC 2BCT
MARSHALL KYRA JAREE		SPC	WBDAAA	HHC 2BCT

